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CARRIER INFO

COMPANY NAME _____ PHONE# _____

DISPATCHER NAME _____ FAX# _____

MC# _____ DOT# _____ FED TAX ID# - _____

OPS MGR NAME _____ NIGHT DISDPATCH PHONE# _____

EMAIL ADDRESS _____ OFFICE HOURS _____

AUTHORITY ___ CONTRACT ___ COMMON

REMIT TO ADDRESS _____

PHYSICAL ADDRESS _____

MAILING ADDRESS _____

FACTORING COMPANY ___ YES ___ NO If Yes, attach a copy of the notice of assignment.

INSURANCE INFO

DO YOU HAVE ATLEAST \$100,000 IN CARGO INSURANCE? ___ YES ___ NO (If no, list amount) _____

DO YOU HAVE ATLEAST \$1,000,000 IN LIABILITY INSURANCE? ___ YES ___ NO (amount) _____

INSURANCE COMPANY _____ PHONE# _____

EQUIPMENT INFO

NUMBER OF POWER UNITS _____ FLATBEDS _____ DRY VANS _____ REEFERS _____

HEAVY HAUL _____ OTHER _____

HAZMAT CERTIFIED ___ YES ___ NO

AREAS OF SERVICE _____

PREFERRED LANE'S _____

TERMINAL LOCATIONS _____