

CARRIER ONBOARDING INTAKE FORM

Equitable Solutions LLC

Business Information

Carrier Legal Name: _____

DBA Name: _____

MC Number: _____

USDOT Number: _____

EIN: _____

Business Address: _____

Main Contact Name: _____

Phone Number: _____

Email Address: _____

Equipment Information

Equipment Type: _____

Number of Trucks: _____

Trailer Type(s): _____

Preferred Freight Type: _____

Service Area / Preferred Lanes: _____

Home Base City/State: _____

Operating Preferences

Minimum rate expectation: _____

Maximum deadhead preference: _____

Preferred appointment types: _____

No-go states or lanes: _____

Broker or commodity restrictions: _____

Driver contact method: _____

Payment / Billing

Preferred invoice recipient: _____

Billing email: _____

Payment method: _____

Notes regarding fee calculations or billing instructions:

Additional Notes

Special handling requests: _____

Known broker restrictions: _____

Existing direct customers or protected relationships:

Other onboarding notes: _____

Compliance / Documents

Please upload or provide the following as applicable:

- Signed Dispatch Services Agreement
- Signed Limited POA (if used)
- Certificate of Insurance
- W-9
- Operating Authority / MC-DOT proof
- Any dispatch rules or lane preferences

Certification

I certify that the information provided is accurate to the best of my knowledge.

Carrier Representative Signature: _____

Print Name: _____

Date: _____