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## Carrier Questionnaire

Date: \_\_\_\_\_ Company Name: \_\_\_\_\_

Contact Name and Telephone number: \_\_\_\_\_

Email: \_\_\_\_\_

MC#/ Dot# \_\_\_\_\_

We appreciate your interest in Phenex Logistics Inc. Dispatching Services. This form will be used to assist our dispatchers with your company's demand. Please answer the following questions and email this form to

[Dispatch@phenexlogisticsinc.com](mailto:Dispatch@phenexlogisticsinc.com).

1. How many trucks?
2. How many Trailers?
  - a) Trailer Type(s): \_\_\_\_\_
3. Terminal location: \_\_\_\_\_
4. Desired Region/Route:( Ex. Northeast, south west)
5. Do you have the following documents or accounts for your business?
  - a) Authority
  - b) IFTA
  - c) Permits
  - d) Insurance
  - e) Fuel Cards
  - f) Smartway
  - g) Port access
6. Insurance(Name/Number): \_\_\_\_\_
7. Does your company have active load board accounts?