

**T & K Logistics and Transport LLC**

NAME: \_\_\_\_\_

DBA OR COMPANY NAME: \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_ HOME: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

CELL: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ TYPE OF EQUIPMENT: \_\_\_\_\_

Truck \_\_\_\_\_ Truck no. \_\_\_\_\_

Trailer \_\_\_\_\_ Trailer no. \_\_\_\_\_

**\*\*PLEASE COMPLETE THE MULTI UNIT DISPATCH SHEET IF YOU ARE A CARRIER WITH MORE THAN 1 TRUCK**

DRIVER'S NAME: \_\_\_\_\_

PERSON OR PERSONS AUTHORIZED TO APPROVE LOADS FOR THIS TRUCK AND/OR DRIVER: \_\_\_\_\_ ONLY those listed below will be allowed to accept loads or dispatch from **T & K Logistics and Transport LLC**.

TRUCK'S DOMICILE LOCATION: \_\_\_\_\_

**PREFERRED GEOGRAPHICAL LANES:** SOUTHWESTERN STATES \_\_\_\_\_ WEST COAST \_\_\_\_\_ SOUTHEASTERN STATES \_\_\_\_\_ NORTHEASTERN STATES \_\_\_\_\_ MIDWEST STATES \_\_\_\_\_

LIST ANY SPECIFIC PREFERRED LANE DETAILS: \_\_\_\_\_

PREFERRED TYPE OF FREIGHT: \_\_\_\_\_

MINIMUM MILEAGE RATE YOU WILL ACCEPT: \_\_\_\_\_

EMAIL OR FAX NUMBER THAT LOAD INFO SHOULD BE SENT TO FOR YOUR BILLING PURPOSE: \_\_\_\_\_

1. EMAIL AND MAILING ADDRESS THAT S & B logistics & Dispatching Service LLC DISPATCH SERVICE INVOICES SHOULD BE SENT TO: \_\_\_\_\_

I ACKNOWLEDGE THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. \_\_\_\_\_