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**Carrier Application**

If you are in need dispatch services, please complete the form below. A member of our team will contact you upon submission. Thank you for your consideration. We look forward to partnering with you.

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Applicant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name(required)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MC Activation Date(required)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

mm/dd/yyyy­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Line 1(required)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Line 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City(required)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State(required)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ZIP Code(required)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

US DOT #(required)\_\_\_\_\_\_\_\_\_\_

MC #(required)\_\_\_\_\_\_\_\_\_

EIN\_\_\_\_\_\_\_\_\_\_

Equipment Type\_\_\_\_\_\_\_\_\_

Box Truck

Reefer

Flatbed

Dry Van

Hot Shot

Equipment Description(required)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

please include year, make, model, GVWR

Number of Units(required)\_\_\_\_\_\_\_\_\_\_

1234567891011 or more

Current Average Rate Per Mile(required)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

please provide your current average rate per mile

Area of Operation(required)\_\_\_\_\_\_\_\_\_\_\_

Regional to Address Lower 48 States

Driver Availability(required)\_\_\_\_\_\_\_

Part-TimeOver-the-Road (full-time)

No Fly Zones

please list any states you prefer to not travel\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Information(required)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

please include issuing company name, phone, and policy number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Factoring Company(required)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not currently factoring, we can assist you.

Driver Information

please complete this section if different from applicant

Driver Name\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agree to Pursue(required) Check here \_\_\_\_\_\_\_\_\_

By initialing here \_\_\_\_\_\_\_\_\_\_\_\_you agree to allow Silver Fox 2 Logistics, LLC. to pursue and secure freight contracts on your behalf using the provided information.

I agree\_\_\_\_\_ Contact Opt-In(required) By initialing below you agree to allow Silver Fox 2 Logistic, LLC. to contact you via phone and/or email I agree\_\_\_\_ I do not agree\_\_\_\_\_\_\_Bottom of Form