

J&S QUALITY LOGISTICS

CARRIER NETWORK APPLICATION

Thank you for your interest in joining the J&S Carrier Network. Please complete this application in full and return with the required documents.

1. COMPANY INFORMATION

Legal Company Name: _____

DBA (if applicable): _____

MC Number: _____

USDOT Number: _____

Company Address: _____

_____

City: _____ State: _____ ZIP: _____

Company Phone: _____

Website (if applicable): _____

Dispatch Phone: _____

Dispatch Email: _____

Primary Contact Name: _____

Title: _____

Contact Phone: _____

Contact Email: _____

Type of Business:

☐ Corporation ☐ LLC ☐ Partnership

☐ Sole Proprietorship ☐ Other: _____

Years in Business: _____

2. EQUIPMENT INFORMATION

Check all equipment types you operate:

☐ Dry Van ☐ Reefer ☐ Flatbed ☐ Step Deck

☐ Box Truck ☐ Power Only ☐ Straight Truck

☐ Hotshot ☐ Other: _____

Number of Trucks: _____

Number of Drivers: _____

Trailer Size(s): _____

Liftgate: ☐ Yes ☐ No Teams: ☐ Yes ☐ No

Hazmat Endorsement: ☐ Yes ☐ No

TWIC Card: ☐ Yes ☐ No

3. SERVICE AREA & LANES

Primary State/Region (Home Base): _____

Preferred Lanes (Top 5):

1. _____
2. _____
3. _____
4. _____
5. _____

States/Regions Served (Check all that apply):

☐ Northeast ☐ Southeast ☐ Midwest ☐ Southwest

☐ West ☐ Canada ☐ Other: _____

Provide any additional lane information:

_____

_____

4. COMPLIANCE DOCUMENTS

Please provide the following documents:

☐ W-9 (Request for Taxpayer Identification Number)

☐ Certificate of Insurance (Liability & Cargo)

☐ Signed Carrier Agreement

☐ Current Operating Authority (MC/DOT printout)

☐ Factoring Company Information (if applicable)

☐ Additional Documents (if requested)

** All documents must be current and valid.*

5. PAYMENT INFORMATION

Preferred Payment Method:

☐ ACH (Direct Deposit) ☐ Factoring ☐ Other: _____

Factoring Company (if applicable): _____

Contact Name: _____

Phone: _____

Email: _____

Address: _____

_____

6. CARRIER REPRESENTATIONS

By submitting this application, the carrier represents that the information provided is accurate, complete and current. The carrier agrees to promptly notify J&S Quality Logistics of any material changes to the information provided herein. Submission of this application does not guarantee approval, load assignments, or a minimum volume of freight.

_____ Authorized Representative Name (Print)

_____ Title

_____ Phone

Signature: _____ Date: _____