



Service Provider Application & Profile

Thank you for your interest in working with NVC Logistics Group. To provide the best service, we request that you complete this application and forward it to us, along with copies of the following documentation.
All information will be held in the strictest confidence.

- State License(s)
- Insurance Policy
- Specialty Licenses(s) – Hazmat, Home Delivery
- Operating Authority

General Information

Company Name: _____ Phone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip: _____

Yrs. in Business: _____ # of Employees: _____ Office Hours: _____

Primary Contact: _____ Phone: _____

Email Address: _____ Fax: _____

Operations Manager: _____ Phone: _____

Email Address: _____ Fax: _____

Ownership Type: Corporation State of Incorporation: _____
 Partnership Partner name: _____
 Sole Proprietorship: Sales Tax Exempt Yes No

Names/Addresses of Corporate Officers, Partners, Owners

- 1.
- 2.
- 3.
- 4.

SS or FED ID # _____ US DOT # _____ MC # _____



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Facility Information

Operations Manager: _____ Phone: _____ Email: _____

Terminal Manager: _____ Phone: _____ Email: _____

Dispatcher: _____ Phone: _____ Email: _____

Sales Manager: _____ Phone: _____ Email: _____

Hours of Operation:

	<u>Office</u>	<u>Customer Service</u>	<u>Dock/Warehouse</u>
M –F	__ to __	_____ to _____	_____ to _____
Saturday	__ to __	_____ to _____	_____ to _____
Sunday	__ to __	_____ to _____	_____ to _____
Holidays	__ to __	_____ to _____	_____ to _____

Delivery Radius (based on flat rate): _____

Zip Codes Covered: _____

Building Size: _____ sq. ft.

Storage Area Available: Yes No _____ sq. ft.

Dock Space: _____ sq. ft.

Forklifts: Yes No

of Dock Doors:

Pallet Jacks: Yes No

Type of Security System:

Caged Security Area: Yes No

Equipment

	<u>Company Owned</u>	<u>#</u>	<u>Owner Operators</u>	<u>#</u>	<u>Lift Gates</u>
Vans	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Step Vans	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Box Trucks	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Straight Trucks	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tractors	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trailers	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No



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Miscellaneous

Daily Delivery Capacity

#

Current Daily Deliveries: _____

Average Daily Deliveries (past 6 months): _____

Maximum Daily Capacity _____

Are you part of a Consolidation? Yes No If Yes, list consolidation: _____

Do you invoice by Computer? Yes No Computer Type: _____ System: _____

Business References

1. Name: _____
Address: _____
Phone: _____ Fax#: _____
Contact: _____

2. Name: _____
Address: _____
Phone: _____ Fax#: _____
Contact: _____

I am an authorized representative of above company and represent the above information is true and accurate.

Signature

Title

Print Name

Date