

Good Morning Trucking LLC

Dispatch Services (862-215-2864)

goodmorningtrucking@gmail.com

Carrier Preference Form

Carrier Name: _____

Home City, State _____

Do you travel in the mountains? (Yes) OR (No)

Equipment Type:

Trailer _____
(Flatbed, Reefer, or Dry van – 48' or 53')

Do you do long haul? (Yes) OR (No) if so, what states? _____

Do you do short hauls? (Yes) (No) Do you do heavy loads? (yes) (no)

What is your max load capacity on your trailer? _____

What days would like off? _____

"How Much Money Do You Need To Move Your Truck?" (CPM) _____

Any Additional Comments: _____