



CARRIER PROFILE FORM

Instructions: Please complete this form giving us all the information that pertains to you and your Company. The better informed we are the better we will be able to assist you. This form should be updated at any time by notifying us. This information is for our use only and will not be released to any third party without your express written permission.

PART 1: CARRIER INFORMATION SECTION

COMPANY NAME: _____ DBA (If Any): _____

PHYSICAL ADDRESS _____ CITY _____ STATE _____ ZIP _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

MAIN CONTACT _____ E-MAIL _____

OFFICE PHONE _____ FAX _____ CELL PHONE _____

EMERGENCY CONTACT _____ EMERGENCY PHONE _____

MC NUMBER _____ DOT NUMBER _____ EIN/SS _____

SCAC CODE _____ TWIC CERTIFIED _____ HAZMAT CERTIFIED _____

PART 2: EQUIPMENT SECTION

NUMBER OF TRUCKS: _____ COMPANY: _____ OWNER OPERATORS: _____ NUMBER OF TEAMS: _____

NUMBER OF TRAILERS: VAN: _____ REEFERS: _____ FLATBED: _____ RGN: _____ STEP DECK: _____ DD: _____

OTHER TYPES: _____

TRAILER SIZES: VAN: _____ REEFER: _____ FLATBED: _____ RGN: _____ STEP DECK: _____ DD: _____

DETAILED DESCRIPTION OF EQUIPMENT (I.E. PALLETS, TARPS, OVERSIZE AND WEIGHT LIMITS)



PART 3: SERVICE AREAS OF OPERATION (Check all that apply)

United States: All 48 states (USA)

AL AR AZ CA CO CT DE FL GA IA ID IL IN KS KY LA MA MD ME MI MO MN MS MT NC ND NE NH NJ NM NV NY OH OK OR PA RI SC SD TN TX UT VA VT WA WI WV WY

Canada (list provinces) _____ Mexico _____

Rate of Haul information: Please give us your minimum rate information. We understand that many factors will change this information, but this will give us a starting point.

MINIMUM RATE PER MILE: _____ MAX PICKS: _____ MAX DROPS: _____

\$ PER PICK/DROP: _____. DRIVER TOUCH (Y/N): _____

COMMENTS

PART 4: FACTORING INFORMATION SECTION

If you use a factoring service, please provide us the following information. This will ensure that we only use brokers that are approved by your factoring company.

FACTORING COMPANY _____ MAIN CONTACT _____

PHONE _____ FAX _____ WEBSITE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PART 5: INSURANCE INFORMATION SECTION

INSURANCE AGENCY _____ CONTACT _____

PHONE _____ FAX _____ EMAIL _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PLEASE USE THE FOLLOWING SECTION TO BETTER DESCRIBE YOUR COMPANY



TRUCK OPERATION FORM

TRUCK#	TRAILER #	TRAILER TYPE	MAX WEIGHT	DRIVER	CELL PHONE

Does the assigned driver have the right to make load decisions for you? _____ Does the driver need to have a copy of the load confirmation? _____

Please keep a blank copy of this form, and email updates to us when they occur, this way we have the most current information on hand.

Thank You

