

## 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 POINT OF CONTACT \_\_\_\_\_

E-MAIL \_\_\_\_\_

OFFICE PHONE \_\_\_\_\_ FAX \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ EMERGENCY PHONE \_\_\_\_\_

MC NUMBER \_\_\_\_\_ DOT NUMBER \_\_\_\_\_ EIN \_\_\_\_\_

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

INITIALS: \_\_\_\_\_ / \_\_\_\_\_

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.

IDEAL RATE PER MILE: \$ \_\_\_\_\_ IDEAL WEEKLY GROSS MINIMUM \$ \_\_\_\_\_

DRIVER TOUCH (Y/N) : \_\_\_\_\_

COMMENTS/ADDITIONAL PREFERENCES:

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**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 \_\_\_\_\_

**PART 6: REFERAL'S (OPTIONAL)**

Please refer three (3) owner operators who you believe might benefit from our service.

Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Cell: \_\_\_\_\_

PLEASE USE THE FOLLOWING SECTION TO BETTER DESCRIBE YOUR COMPANY.

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INITIALS: \_\_\_\_\_ / \_\_\_\_\_

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**TRUCK OPERATION FORM**

<b>Truck #</b>	<b>Trailer #</b>	<b>Trailer Type</b>	<b>Max Weight</b>	<b>Driver</b>	<b>Cell Phone</b>

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 so that we always have the most current information on hand.

Thank you.

INITIALS: \_\_\_\_\_ / \_\_\_\_\_