Carrier Profile

Instructions: Please complete this form by 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

Company: _____ DBA (If Any):_____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Main Contact: _____ Email:_____

Office Phone: _____ Fax: _____ Cell: _____

Emergency Contact: _____ Emergency Phone:_____

MC #: _____ DOT #: _____ EIN #: _____

SCAC Code: _____ TWIC Certified: _____ Hazmat Certified: _____

PART 2: EQUIPMENT INFORMATION

of Trucks: _____ Company Drivers: _____ Owner Operators: _____ Team Drivers: _____

# of Trailers: Van: _____ Reefers: _____ Flatbed: _____ Tanker: _____

Other Types: _____

Trailer Sizes: Van: _____ Reefers: _____ Flatbed: _____ Tanker: _____

Tractor Information:

	Year	Make/Model	Truck #	VIN #
Tractor #1				
Tractor #2				
Tractor #3				
Tractor #4				
Tractor #5				

Trailer Information:

	Year	Make/Model	Trailer #	VIN #
Trailer #1				
Trailer #2				
Trailer #3				
Trailer #4				
Trailer #5				

Driver Information:

Truck #	Trailer #	Trailer Type	Max Weight	Driver Name	Driver Cell

1) Do the assigned drivers have the right to make load decisions for you? _____

2) Do the assigned drivers need to have a copy of the load confirmation? _____
Provide a detailed description of the equipment (i.e. pallets, tarps, oversize, and weight limits):

_____
_____
_____
_____

PART 3: AREA OF OPERATION (*Circle All That Apply*)

Canada (list provinces):_____ Mexico: _____

(Circle All States That Apply)

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

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

If you use a factoring service, please provide us with the following information. This will ensure that we only use brokers that are approved by your factoring company. If you don't use a factoring service but would like to, please let us know so we can source one for you.

Factoring Company: _____ Main Contact:_____

Phone: _____ Fax: _____ Website URL: _____

Address: _____ City: _____ State: _____ Zip: _____

PART 5: INSURANCE INFORMATION

Insurance Agency: _____ Main Contact:_____

Phone: _____ Fax: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Provide use the following section to better describe your company:

_____
_____
_____
_____

NOTE:** ***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.

Office Use Only: Updated on _____/____ /_____ Comments: _____