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CARRIER PROFILE SHEET

Company's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

MC#: _____ US DOT#: _____

Contact Name: _____

Email: _____ Phone#: _____ Fax#: _____

1. What date did your authority became active? _____
2. What are your trucks currently grossing per week? _____
3. What areas you do not want to run your truck(s)? _____
4. What commodities you do not want to run? _____
5. Which factoring company do you use to factor your loads? _____
6. How many drivers do you have and which city, state they are based out of? _____

7. How frequently (Check all that apply) does your drivers want to get home? Daily _____ Weekly _____ Bi-Weekly _____
8. How many semi-trucks do you have and the model year of each? _____
9. List the quantity of each trailer type that you have: Dry Van _____ Reefer _____ Flatbed _____
10. How much do you expect our dispatch service to gross your trucks weekly? _____
11. What percentage of your loads do you intend to have our dispatch service book? _____