Carrier Profile Sheet

MY PRETTY LADY TRUCKING L.L.C

Carrier Name:	Date:	Date:	
Street:			
City:	State:		
SCAC:Fed ID#:	MC#:		
Phone:	_		
Fax:	Email:		
Remit to Mailing Address: (if different from a	bove)		
Street:			
City:	State:	Zip Code:	
Check if we mail checks to Factoring Compan	у		
Contact Informati <mark>on:</mark>			
Dispatcher:	Main P <mark>hone:</mark>		
After Hours Cell or Night:	Email:		
Operations Manager:	Phone:		
Email:			
Accounts Payable Contact:			
Email:	retty lady tru	cking	
Factoring Company Information:	-000		
Check here if you DO NOT use a Factoring Co	mpany		
Factoring Company Name:	Phone:		
Remit To Address:			
City:	State:	Zip Code	
Contact:	Phone.		

Insurance Agency/Contact:	Phone:
Page 2	
Equipment:	
Tractors:	
Dry Vans: 48' 53	· <u> </u>
Reefers: 48'53'	
Hazmat Endorsed: Yes	No
Traffic Lanes th <mark>at your co</mark> m	pany <mark>servic</mark> es:
North East:	South West:
South East:	North West:
Mid West:	Central:
Preferred States or lanes:_	
Email available loads? Yes_	No
Email Address to send avail	lable loads
Do you have a locking police	y in place? Yes No Are all drivers required to keep trailer doors
locked until reaching their	final destination? Yes No
Do you perform criminal ba	ackground checks on drivers? YesNo
Safer Stat Rating:	Date if last Compliance Audit:
Does your company do bus	iness in the state of CA? Yes No If yes, are all of your TRU's
registered on ARBER and in	compliance with CA ARB & ATCM in-use engine emission standards?
Yes No	
Please list your CA-ARB Ide	ntification Number below or attach a list of all of your ARB & ATCM
approved units.	my pretty lady trucking
******Any carrier that fall loads and will nullify any pr	ils to supply the above requested information will not be dispatched on any
written agreement betwee Any carrier that provides p	n both parties pertaining to any rate confirmations or promises of services. roof of such
registration but fails a CA c and will be prohibited from	ompliance inspection thereafter, will be revoked as an approved CA carrier all loads
originating, destined or tra-	veling through the state of CA.******

ARB ID# Year Make Plate # Vin#

Carrier-Auth. Rep. (Signature) Carrier-Auth. Rep. (Print Name) Date Acknowledging & Agreeing to Above Terms and Re

