



CARRIER PROFILE FORM

Company name: _____

Address, State, Zip: _____

CARRIER PROFILE

MC# _____ DOT# _____

Carrier name: _____

Physical address: _____

Mailing address: _____

Contact Name: _____

Phone #: _____ Fax #: _____

Dispatcher _____

E-mail Address: _____

Remit to or Factoring Company

Federal Tax ID # _____

Company Type: Corp LLC Partnership Sole Proprietorship

Do you allow advances to your drivers for operating expenses (fuel/lumpers)? Yes No

Do you allow payments in full to your drivers? Yes No

EQUIPMENT PROFILE

Please give the CURRENT COUNT for the following equipment types:

48' Vans: 48' Reefers: 53' Flatbeds: Double Drops: Hotshots: flat van

53' Vans: 53' Reefers: Step decks: Bulk wet: Tractors:

57' Vans: 48' Flatbeds: Curtain Sides: Bulk dry: Landoll:

Are you Haz-Mat qualified? Yes No

Does your fleet contain vented vans? Yes No

Max net cargo weight: _____ lbs.