



LO JACKSON DISPATCHING

ZERO LIMIT THAT'S IT

CARRIER PROFILE

Instructions: Please complete this form giving us all the information that pertains to you and your company. The more informed we are the better we will be able to assist you. This information is for our office use only and will not be released to any third party without your express written consent.

Your Name : _____

Company Name: _____

Home Address: _____

Trailer Type (Van , Flatbed, etc.) _____

Equipment Size (42', 48', 53, etc.) _____

Max weight desire to haul (45,000lbs, etc.) _____

Minimum Cost per mile CPM (\$2.25 Per Mile, etc.) _____

Preferred Distance Runs (300-600 miles, OTR, etc.) _____

Region to Run Keep me South, Take me to the \$\$\$, etc.) _____

1-800-834-1422

info@lojacksondispatching.com
lojacksondispatching.com

List of Brokers you are already approved with: _____

Additional Information
