

CARRIER PROFILE

Instructions: Please complete this form to insist us in dispatching for you. This form can be updated at any time by simply contacting your Dispatch Specialist. This information is for Office-use only and will not be released to any third party without your permission.

PART 1: CARRIER INFORMATION SEC	TION		
COMPANY:	DBA (If Any):	_
PHYSICAL ADDRESS:	CITY:	STATE:	ZIP:
MAILING ADDRESS:	CITY:	STATE:	ZIP:
MAIN CONTACT:	E-MAIL:		
OFFICE PHONE:	FAX:	CELL PHONE:	
EMERGENCY CONTACT:	EMERGENCY PHONE:		
PART 2: EQUIPMENT TYPES			
Number and Type of Trucks: 53' VAN: OTHER TYPES:	53' REEFERS:	48'/53' FLATBED:	
PLEASE LIST THE BROKERS THAT YOU	ARE ALREADY SET UP/AP	PPROVED WITH BELOW:	
	~47~	EER	
DIS	PATCH SPECIF	ICATIONS:	
Please give us your minimum cents per m give us a starting point.			nge this information, but this
CENTS (\$) PER MILE:MAX PICI	KS/PICK UPS:MAX	DELIVERIES:DRIVE	R TOUCH (Y/N):
Mountains? (Y	//N) TOLLS? (Y/N)	Weight Limit	
Areas of	USA you like to travel (ZONI	ES) – Please circle all that appl	L
	Northeast (NY, NJ, CT, Midwest (MI, OH, KY, Southeast (FL, GA, Southwest (TX, West (CA, AZ, OR,	, IN, IL, WI, etc.) LA, AL, etc.) NM, etc.)	
COMMENTS:			

Note: Max Picks denotes maximum pickups from Shippers. Max Drops denotes maximum deliveries to Receivers.

