



GET LOADED CARRIER/FLEET PROFILE

Corporate Contact Name *

First Name Last Name

Address *

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Phone Number *

Area Code Phone Number

E-mail *

example@example.com

How Many Trucks/Pieces of Equipment *

Available for Dispatch Date *

Month Day Year

Running Lanes *

Max Weight Willing to Haul *

Equipment Type

- 40 ft Hotshot
- 26 ft Box Truck WITH Liftgate
- 26 ft Box Truck NO Liftgate
- Box Truck (SMALLER THEN 26 FT)
- Semi w/ DryVan
- Semi w/ Reefer
- Power Only
- 53 ft Flatbed
- Other

Dimensions on Trailer - INCLUDE HEIGHT INSIDE

Max Deadhead for Load *

Home Time *

- Home Daily
- Out and Back Runs (Home Every Other Night)
- Mon-Fri OTR (Weekends Off)
- OTR w/ 34 Hour Reset
- Other

Preference (Pick One):

- Per Day Minimum (FLAT RATE)
- CPM Minimum

Based on previous question - what is the minimum?

TOTAL GROSS WEEKLY FIXED EXPENSES

TOTAL GROSS WEEKLY VARIABLE EXPENSES - ESTIMATE