

## CARRIER PROFILE

Please fill out this document in its entirety and answer all questions that apply to you.
# ofVAN
# ofFLATBED
# ofREEFER
# ofHOTSHOT 35' and larger
# ofHOSHOT 34' and under
# ofDUMP TRUCK
# ofPOWER ONLY
# ofBOX TRUCK
# ofOTHER
Owner First and Last Name
Phone #
Partner Owner First and Last Name
2 <sup>nd</sup> Phone #
Company Email:
Who approves loads? Owner, Driver
Can we email the driver the rate confirmation? Yes, No
Company Name
Company Address
MC#
DOT#
TAX ID#

Insurance Company	
Phone Number	
Email	
COI Representative	
Financial Institutions:	
Bank Name	
Account#	
Routing#	
(Please send a copy of a voided check)	
ZELLE:	
CASH APP:	
Name of factoring company	
Acct Manager Name	
Phone Number	
Email	
Website	
Login	
Password	
If asked, would you prefer:	
Quick pay options (30 days / 2 days for an additional fee) or factoring?	
circle one of the above	
MC Start Date	
(If it is less than 6 months, your dispatcher will have more work on their hands. We appreciate you	ur patience.)

Maximum Deadhead miles
Minimum Rate Per Mile on Partial
Minimum Rate Per Mile on Full load
How often do you need to be routed home?
Please SELECT which lanes you would PREFER to run:
AREA0. CT. MA. ME. NH. RI. VT.
AREA1. DE. NJ. NY. PA.
AREA2. DC. MD. NC. SC. VA. WV.
AREA3. AL. FL. GA. MS. TN.
AREA4. MI. OH.
AREA5. MT. ND. SD.
AREA6. KS. MO. NE.
AREA7. LA OK. TX.
AREA8. AZ. CO. ID. NM. NV. UT. WY. AREA9. CA. OR. WA
Elog Service Name:
Truck Tracking Name:
Login
Password
Load Board Name:
Login
Password
Load Board Name:
Login
Password

## If multiple trucks, please fill out this page for each truck. Please describe the type of truck: Make \_\_\_\_\_ Model Year \_\_\_\_\_ Last 9 of the VIN \_\_\_\_\_ Truck Plate # \_\_\_\_\_ Length of trailer \_\_\_\_\_ Width of trailer \_\_\_\_\_ Height of trailer \_\_\_\_ Max weight you can (CARRY) \_\_\_\_\_ CAB Card \_\_\_\_\_ # of chains \_\_\_\_\_ # of straps \_\_\_\_\_ pipe stake Y \_\_\_\_ N \_\_\_\_ Coil Rack Y \_\_\_\_ N \_\_\_ Size \_\_\_\_\_ # of V Boards \_\_\_\_\_ Tarps Y \_\_\_\_\_ N \_\_\_\_ size 4' \_\_\_\_\_ 6' \_\_\_\_\_ 8' \_\_\_\_\_ # of edge protectors \_\_\_\_\_ # of Dunnage \_\_\_\_\_ Please describe what else is on this truck: Height load MAX of step Deck, Hotshot or Flatbed \_\_\_\_\_ Do you carry wide loads, oversized Y \_\_\_\_\_ N\_\_\_\_ Driver's First and Last Name Driver's phone number \_\_\_\_\_ Driver's email Home base of driver city and state\_\_\_\_\_

Driver's pay percentage or cents per mile \_\_\_\_\_

Please send the following documents back with this packet.
-MC/DOT AUTHORITY LETTER
-NOTICE OF ASSIGNMENT (NOA)
-VOIDED CHECK
-W - 9
-CERTIFICATE OF INSURANCE (COI)
-PICTURES OF TRUCK AND TRAILER (CLEAR PIC OF COMPANY INFO ON TRUCK)
-DRIVERS LICENSE
Owner's name (Printed)
Owner's name (Signed)
Date
TRANSIT ACCORD LLC has permission by (your name) owner of (company name)
to fill out and sign contracts, rate confirmations, or any other documents
pertaining to booking loads.
TRANSIT ACCORD LLC will receive poursents via 75115.
TRANSIT ACCORD LLC will receive payments via ZELLE: <u>Lactordic Campail com</u> (the only free payment method); any payments made through Paypal / cashapp, the transaction fees will be added to the next
invoice. PAYPAL: paypal.me/transitaccord and CASHAPP: \$transitaccordllc.
(Your name) will assume responsibility for the platform's service fee.

Thank you so much for your business!