

DISPATCHING SERVICES

COMPANY PROFILE

Instructions: Please complete this form giving us all the information. The better informed we are, the better we will be able to assist you. This form should be updated at any time by notifying us. This information is for our use only and will not be released to any third party without your express written permission.

1.CARRIER INFORMATION COMPANY (DBA) ADDRESS: CITY: ST ZIP CONTACT: PHONE: E-MAIL: FAX: MC # _____DOT # ____EIN/SS # ____ SCAC # ____TWIC # ____HAZMAT # ____ 2. EQUIPMENT SECTION NUM. OF TRUCKS: _____ [Company ____ + Owner Operator ____] NUM. OF TRAILERS: _____ VAN _____ REEFER _____ FLATBED _____ OTHER **ADDITIONAL INFO:**

INITIALS:

TRUCK & DRIVER(s) INFO

TRUCK #	TRAILER #	TYPE	YEAR	DRIVER + PHONE #

3. SERVICE AREAS OF OPERATION (please circle all that apply)

AL AR AZ CA CO CT DE FL GA IA ID IL IN KS KY LA MA MD ME MI MO MN MS MT NC ND NE NH NJ NM NV NY OH OK OR PA RI SCSD TN TX UT VA VT WA WI WV WY

4. RATE OF HAUL INFORMATION

IDEAL MILE DATE, &

Please provide us your ideal (reasonable) rate information. We understand that many factors will change this information, but this will give us a starting point.

IDEAL MILE RATE: \$		
ADDITIONAL PREFERENCES:		

INITIALS:

5. FACTORING INFORMATION

If you use a factoring service, please provide the following information. This will ensure that we only use brokers approved by your factoring company.

	WEBSITE		
	CITY		
ZIP	ZIPCONTACT		
	FAX #		
INFORMATION			
us with your ins	urance contact information, where we can request certificate of		
specific holders	. (i.e. brokers and/or shippers).		
	WEBSITE		
	CITY		
ZIP	CONTACT		
	FAX #		
	Operators who you believe might benefit from our service. CELL		
CELL			
	CELL		
ection bellow to	better describe your company. Include special terms and and everything we have to consider while searching and taking th		
	INFORMATION us with your insuspecific holders ZIP ZIP hree (3) Owner INFORMATION ection bellow to		

INITIALS: