



CARRIER PROFILE

Instructions: Please complete this form to assist 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 SECTION

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:** _____ **53' REEFERS:** _____ **48'/53' FLATBED:** _____

OTHER TYPES: _____

PLEASE LIST THE BROKERS THAT YOU ARE ALREADY SET UP/APPROVED WITH BELOW:

DISPATCH SPECIFICATIONS:

Please give us your minimum cents per mile information. We understand that many factors will change this information, but this will give us a starting point.

CENTS (\$) PER MILE: _____ **MAX PICKS/PICK UPS:** _____ **MAX DELIVERIES:** _____ **DRIVER TOUCH (Y/N):** _____

Mountains? (Y/N) _____ TOLLS? (Y/N) _____ Weight Limit _____

Areas of USA you like to travel (ZONES) – Please circle all that apply

Northeast (NY, NJ, CT, RI, MA, ME, etc.)

Midwest (MI, OH, KY, IN, IL, WI, etc.)

Southeast (FL, GA, LA, AL, etc.)

Southwest (TX, NM, etc.)

West (CA, AZ, OR, NV, ID, etc.)

COMMENTS: _____

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