



Carrier Profile

Company Information

Company Name: _____ DBA: _____
Physical Address: _____
Mailing Address: _____
Owner: _____ Phone: _____ Cell: _____
Email: _____
Emergency Contact: _____ Phone: _____ Relation: _____

Insurance Information

Insurance Agent: _____ Phone: _____
Email: _____ Fax: _____

Factoring Information

Company: _____ Agent: _____
Phone: _____ Website: _____
Login Name: _____ Login Password: _____

Truck Information

Truck Driver Full Name: _____ Phone: _____
Truck Type: _____ Trailer Type: _____
Trailer Height: _____ Trailer Width: _____ Trailer Length: _____
Max weight of Load: _____ Truck Vin: _____
Type and number of tarps: _____ Number of chains: _____
Ramps: Yes / No and type _____ TWIC: Yes/no _____
Milage Distance will Deadhead: _____ Maximum Distance to travel: _____
Areas you do not want to travel to: _____

Truck Driver Full Name: _____ Phone: _____
Truck Type: _____ Trailer Type: _____
Trailer Height: _____ Trailer Width: _____ Trailer Length: _____
Max weight of Load: _____ Truck Vin: _____
Type and number of tarps: _____ Number of chains: _____
Ramps: Yes / No and type _____ TWIC: Yes/no _____
Milage Distance will Deadhead: _____ Maximum Distance to travel: _____
Areas you do not want to travel to: _____

Inform you about loads – or – Inform driver about loads: _____
Amount you typically get per mile (minimum) \$ _____ deadhead included? Yes/no: _____
Amount you would like to get per mile (minimum) \$ _____ deadhead included? Yes/no: _____
Prefer Long hauls -or- Short hauls: _____
High Rate per mile -or- More runs per week? _____