

COMPANY PROFILE FORM

Instructions: Please complete this form giving us all the information that pertains to you and your Company. 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.

PART 1: CARRIER INFORMATION SECTION

COMPANY NAME: _____ 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 _____

MC NUMBER _____ DOT NUMBER _____ EIN _____

SCAC CODE _____ TWIC CERTIFIED _____ HAZMAT CERTIFIED _____

PART 2: EQUIPMENT SECTION

NUMBER OF TRUCKS: _____ COMPANY: _____

OWNER OPERATORS: _____

NUMBER OF TEAMS: _____

NUMBER OF TRAILERS: VAN: _____ REEFERS: _____ FLATBED: _____ RGN: _____ STEP DECK: _____
DD: _____

OTHER TYPES: _____

TRAILER SIZES: VAN: _____ REEFER: _____ FLATBED: _____ RGN: _____ STEP DECK: _____
DD: _____

DETAILED DESCRIPTION OF EQUIPMENT (I.E. PALLETS, TARPS, OVERSIZE AND WEIGHT LIMITS):

PART 3: SERVICE AREAS OF OPERATION (Check all that apply)United States: ☐ All 48 states (USA)

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

Canada (list provinces) _____ Mexico _____

Rate of Haul information: Please give us your minimum rate information. We understand that many factors will change this information, but this will give us a starting point.

IDEAL RATE PER MILE: \$ _____ IDEAL WEEKLY GROSS MINIMUM \$ _____

DRIVER TOUCH (Y/N): _____

COMMENTS/ADDITIONAL PREFERENCES:

PART 4: FACTORING INFORMATION SECTION

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

FACTORING COMPANY _____

MAIN CONTACT _____

PHONE _____ FAX _____ WEBSITE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PART 5: INSURANCE INFORMATION SECTION

INSURANCE AGENCY _____

CONTACT _____

PHONE _____ FAX _____ EMAIL _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PART 6: REFERRAL'S (OPTIONAL)

Please refer three (3) owner operators who you believe might benefit from our service.

Name: _____ Cell: _____

Name: _____ Cell: _____

Name: _____ Cell: _____

INITIALS: YOUR INITIALS / _____

PLEASE USE THE FOLLOWING SECTION TO BETTER DESCRIBE YOUR COMPANY.

TRUCK OPERATION FORM

Truck #	Trailer #	Trailer Type	Max Weight	Driver	Cell Phone

Please keep a blank copy of this form and email updates to us when they occur so that we always have the most current information on hand.

Does the assigned driver have the right to make load decisions for you? _____

Does the driver need to have a copy of the load confirmation? _____

INITIALS: YOUR INITIALS / _____