

# JAK LOGISTICS LLC 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:

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## TRUCK & DRIVER(S) INFO

TRUCK#	TRAILER #	TYPE	YEAR	DRIVER	PHONE

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

**48 States** \_\_\_\_\_

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 SC SD TN TX UT VA VT WA WI WV WY

**4. RATE OF HAUL INFORMATION**

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** \$\_\_\_\_.\_\_\_\_ (V) \$\_\_\_\_.\_\_\_\_ (R) \$\_\_\_\_.\_\_\_\_ (F)

**ADDITIONAL PREFERENCES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. FACTORING INFORMATION**

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

**FACTORING** \_\_\_\_\_ **WEB** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **ST** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**CONTACT** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

**PHONE #** \_\_\_\_\_ **Fax #** \_\_\_\_\_

**6. INSURANCE INFORMATION**

Please provide us with your insurance contact information, where we can request certificate of insurance with specific holders. (i.e. brokers and/or shippers)

**INSURANCE** \_\_\_\_\_ **WEB** \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_ ZIP \_\_\_\_\_

CONTACT \_\_\_\_\_ E-MAIL \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

**7. REFERAL**

Please refer us three (3) Owner Operators who you believe might benefit from our service.

NAME \_\_\_\_\_ CELL \_\_\_\_\_

NAME \_\_\_\_\_ CELL \_\_\_\_\_

NAME \_\_\_\_\_ CELL \_\_\_\_\_

**8. ADDITIONAL INFORMATION**

Please use the section bellow to better describe your company. Include special terms and conditions of most importance and everything we have to consider while searching and taking the loads for you.

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