

CARRIERS PROFILE

SECTION 1 – CARRIER INFORMATION

COMPANY NAME:	MC#	US DOT#	AUTHORITY ISSUE DATE:
CONTACT NAME:	PHONE:	ALTERNATE NUMBER:	
ADDRESS:		EMAIL:	

SECTION 2 – EQUIPMENT TYPE

Truck type:	<input type="checkbox"/> BOX TRUCK (size) <input type="checkbox"/> 12' <input type="checkbox"/> 16' <input type="checkbox"/> 22' <input type="checkbox"/> 26' <input type="checkbox"/> REEFER <input type="checkbox"/> DRY VAN <input type="checkbox"/> STEP DECK <input type="checkbox"/> FLAT BED (<input type="checkbox"/> 48' <input type="checkbox"/> 53') <input type="checkbox"/> HOT SHOT
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SECTION 3: DISPATCH Specifications

Specified Market Areas	<input type="checkbox"/> NORTHEAST	<input type="checkbox"/> SOUTHEAST	<input type="checkbox"/> MIDWEST	<input type="checkbox"/> SOUTHWEST	<input type="checkbox"/> WEST	<input type="checkbox"/> OTHER
	ME, VT, NH, MA, PA, NY, NJ, CT, RI,	WV, DC, VA, KY, NC, MD, TN, SC, GA, AL, MS, LA, AR, FL	ND, SD, NE, KS, MN, IA, MO, IL, WI, MI, IN, OH	AZ, NM, TX, OK	WA, OR, CA, NV, UT, CO, WY, MT, ID	ALL 48 STATES

What region(s) are you not interested in?	What are you currently grossing per week, per truck?	Desired weekly gross per truck?
Do you have an CDL/Specialty endorsement?	What is your breakeven point?	Are you currently set up with Brokers? Is so, who?

What is your driver(s) home time requirements? ☐ Everyday ☐ Every other day

☐ Every Week ☐ Every Two Weeks ☐ Weekends ☐ Flexible ☐ Other

Does your truck have any tracking devices? ☐ Yes ☐ No

Do you have any freight guards? ☐ Yes (If yes, explain) ☐ No