CARRIER PROFILE FORM

CIRCLE 7 DISPATCH SERVICE LLC
Website: umbrella365.net
Maria | Lead Dispatcher
(623) 269-3019
circle7d365@gmail.com

SECTION 1: COMPANY INFORMATION

Legal Business Name: _____
DBA (if applicable): _____
Physical Address: _____
City/State/Zip: _____
Main Phone: _____ **Emergency/After Hours:** _____
Primary Email: _____

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2. OPERATING AUTHORITY & COMPLIANCE

MC Number: _____ **DOT Number:** _____
Tax ID / EIN: _____ **SCAC Code (if any):** _____
Years in Business: _____

SECTION 3: EQUIPMENT SPECIFICATIONS

Please check all that apply:

- **Tractor Type:** [ ] Semi [ ] Hotshot [ ] Box Truck [ ] Other: _____
- **Trailer Type:**
  - ☐ Dry Van (Length: _____)
  - ☐ Reefer (Length: _____)
  - ☐ Flatbed (Length: _____)
  - ☐ Step Deck (Length: _____)
  - ☐ Gooseneck (Length: _____)
  - ☐ Car Hauler
- **Max Weight Capacity:** _____ lbs.
- **Special Equipment:** [ ] Liftgate [ ] E-Track [ ] Straps/Chains [ ] Tarps (Size: _____)

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4. PREFERRED LANES & OPERATIONS

Preferred Regions/States: _____
States NOT Serviced: _____
Preferred Home Time (e.g., Weekly, Bi-Weekly): _____
Hazmat Certified? [ ] Yes [ ] No [ ] Pending

SECTION 5: INSURANCE INFORMATION

- **Insurance Agency Name:** _____
- **Agent Phone Number:** _____ **Email:** _____
- **Auto Liability Limit:** $_____
- **Cargo Insurance Limit:** $_____
- **Cargo Insurance Deductible:** $_____

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5. FINANCIAL & FACTORING

Do you use a Factoring Company? [ ] Yes [ ] No
Factoring Company Name: _____
Contact Name: _____ **Phone:** _____
Notice of Assignment (NOA) on file? [ ] Yes [ ] No

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6. DRIVER INFORMATION

Primary Driver Name: _____ **Cell:** _____
CDL Number/State: _____

The information above is accurate and complete to the best of my knowledge. I understand that Circle 7 Dispatch Service LLC will use this information to represent my company to brokers and shippers.

SIGNATURE: _____ DATE: _____