

## PLEASE FILL THIS FORM OUT AS ACCURATELY AS POSSIBLY!

## CARRIER PROFILE

MC# DOT#
Carrier name:
Physical address:
Mailing address:
Contact Name: Fax #: Fax #:
E-mail Address:
Remit to or Factoring Company
Federal Tax ID # Company Type: [] Corp [] LLC [ Partnership [] Sole Proprietorship
Do you allow advances via TChek to your drivers for operating expenses (fuel/lumpers)? Yes or No
Do you allow payments in full via TChek to your drivers? Yes or No EQUIPMENT PROFILE
Please give the CURRENT COUNT for the following equipment types: 48' Vans: 48' Reefers: 53' Flatbeds: Double Drops: Hotshots: 53' Vans: 53 Reefers: Step decks: Bulk wet: Tractors:
Vans: 48'Flatbeds: Curtain Sides: Bulk dry: Landoll:
Are you Haz-Mat qualified?  Does your fleet contain vented vans?  Max net cargo weight:lbs.