



CARRIER 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 can 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 I: CARRIER PROFILE INFORMATION SECTION

COMPANY: _____ D/B/A (If Any): _____
PHYSICAL ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
MAIN CONTACT: _____
OFFICE PHONE: _____ FAX: _____
CELL: _____
EMERGENCY CONTACT: _____
PHONE: _____
WEBSITE IF ANY: _____
DOT #: _____ MC #: _____
SSN/EIN #: _____ TWIC CERTIFIED: _____
HAZMAT CERTIFIED: _____ SCAC CODE: _____

PART II: EQUIPMENT SECTION

(For more than one truck use the multiple truck form)

EQUIPMENT:
48' VAN/Reefer: _____ 53' VAN/Reefer: _____
FLATBED/STEP-DECK/HOTSHOT Trailer length: _____
AIR RIDE: _____
Truck/Trailer Number: _____

*****ALL FLATBEDS MUST HAVE FULL SECUREMENT EQUIPMENT TO INCLUDE TARPS*****

Max Load Weight: _____

Comments:

PART III: FACTORING INFORMATION

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

FACTORING COMPANY NAME: _____
CONTACT: _____
PHONE: _____
FAX: _____
WEBSITE: _____
BILLING ADDRESS: _____
CITY: _____ STATE: _____
ZIP CODE: _____
Web Portal username/password: _____

We will need the login information for your factoring company to run credit checks.

PART IV: INSURANCE INFORMATION

Please note: We do require our carriers to maintain a minimum of \$1 Million in liability and \$100,000.00 in Cargo insurance. (Insurance may vary from various Truck and Equipment sizes)

INSURANCE COMPANY: _____
CONTACT: _____
PHONE: _____ FAX: _____ EMAIL: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____

PART V: OTHER INFORMATION

PLEASE USE THE FOLLOWING SECTION TO BETTER DESCRIBE YOUR COMPANY
THAT WE HAVE NOT ALREADY ASKED FOR. Office Use Only: ____/____/____

Comments: _____

SIGNATURE OF CONTRACT PARTIES

Upon agreement to the terms and conditions of The Contract, both parties will note their agreement by signing within the signature block.

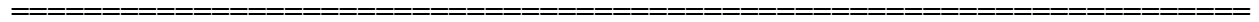
The Conveyor Signature _____
Date

Printed

Company Name

Title/Position

Address



The Associate Signature _____
Date

Printed Name

Company Name

Title/Position

Address

