

# OWNER OPERATOR OR TRUCKING COMPANY

## CARRIER PROFILE

### PART 1: CARRIER INFORMATION SECTION

COMPANY: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MAIN CONTACT: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ EMERGENCY PHONE: \_\_\_\_\_

### PART 2: EQUIPMENT SECTION

NUMBER OF TRUCKS: \_\_\_\_\_ OWNER OPERATORS: \_\_\_\_\_

NUMBER OF TRAILERS: VAN: \_\_\_\_\_ REEFERS: \_\_\_\_\_ FLATBED: \_\_\_\_\_

OTHER TYPES: \_\_\_\_\_

TRAILER SIZES: VAN: \_\_\_\_\_ REEFER: \_\_\_\_\_ FLATBED: \_\_\_\_\_

MINIMUM RATE PER MILE: \_\_\_\_\_

### PLEASE LIST ANY BROKERS THAT YOU ARE SET UP WITH BELOW:

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