

CARRIER PROFILE

Instructions: Please complete this form giving us all the information. The better informed we are, the better we will be able to assist you. This form should 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.

1. CARRIER INFORMATION COMPANY: ADDRESS: CITY: ZIP: CONTACT NAME: PHONE #: E-MAIL: DOT# MC# 2. EQUIPMENT SECTION NUMBER OF TRUCKS: TYPE OF TRUCK(S) AND LENGTH(S): BOX TRUCK ☐ VAN REEFER ☐ FLAT BED

3. DRIVER INFORMATION

Driver 1	Driver 2
Name:	Name:
Phone:	Phone:
E-Mail:	E-Mail:
DL#:	DL#:
Issuing State:	Issuing State:
3. RESTRICTED AREAS OF OPERATION (please X all the	at apply) 48 States
□ AL □ AR □ AZ □ CA	A CO CT DE FL
☐ GA ☐ IA ☐ ID ☐ IL	□ IN □ KS □ KY □ LA
☐ MA ☐ MD ☐ ME ☐ M	I MO MN MS MT
□ NC □ ND □ NE □ NE	H NJ NM NV NY
☐ OH ☐ OK ☐ OR ☐ PA	A □ RI □ SC □ SD □ TN
TX UT VA V	Γ □ WA □ WI □ WV □ WY
4. RATE OF HAUL INFORMATION Please provide us your ideal (reasonable) rate information. We will give us a starting point.	understand that many factors will change this information, but this
IDEAL RATE PER MILE \$	DH MILES
ADDITIONAL PREFERENCES:	

5. FACTORING INFORMATION

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

COMPANY			
ADDRESS:			
CITY:	ST: ZIP:		
WEB:			
CONTACT	NAME:		
PHONE #:			
E-MAIL:			
6. ADDITI	ONAL INFORMATION		
Please use ti	ne section below to better describe your company. Include special terms and conditions	of most impor	tance and
everything v	we must consider while searching and taking the loads for you.		