



CARRIER PROFILE
ALL FIELDS ARE REQUIRED

\*\*\* PLEASE PRINT ALL INFORMATION CLEARLY \*\*\*

Company Name:
Federal ID# MC# DOT#
Mailing Address:
City State Zip
Phone: Fax
Email: Webside:
Payment Remit Address:

Type of Business: Corporation Partnership Sole Proprietor Other:

EQUIPMENT ( Please write NUMBER AND TIPE for each unit): ( example 5 Vans)

VANS: Vans Air ride vans Hi cube (110") Logistics vans Padded vans Curtain vans

FLATS: Flatbads Stepdecks Double drops Removable goosenecks Hot shots Side kits

REFFERS: Chilled&frozen Chilled only Frozen only

STREIGHT TRUCKS: Box Length High Axels Total payload
Flat Length High Axels Total payload

SPRINTERS: 2500 3500

DOES YOUR COMPANY OFFER ANY OF THE FOLLOWING?

Brokerage Service: Yes No
Ground Expedite Service: Yes No
Liftgate Service: Yes No
Team Drivers: Yes No
HazMat Service: Yes No, if yes percentage of drivers Licensed with HazMat Endorsment?
U.S. Customs Bond: Yes No (if yes, Bond#
Air Expedited Service: Yes NO
Partial Truckload Service: Yes No
Local Cartage ( City & State ):
Warehousing ( City & State):