

CARRIER PROFILE

Instructions: Please complete this form to insist us in dispatching for you. This form can be updated at any time by simply contacting your Dispatch Specialist. This information is for Office-use only and will not be released to any third party without your permission.

PART 1: CARRIER INFORMATION SECTION

COMPANY:		_DBA (If Any):			_
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	TYPES				
	ucks: 53' VAN:			BED:	
PLEASE LIST THE BRO	KERS THAT YOU ARE ALI	READY SET UP/APP	ROVED WITH BELO	w:	
					_
					-
					-
	DISPAT	<u>CH SPECIFIC</u>	CATIONS:		
Please give us your min give us a starting point.	imum cents per mile inforn	nation. We understan	d that many factors v	will change this informatio	n, but this w
CENTS (\$) PER MILE:	MAX PICKS/PICK (JPS: MAX D	ELIVERIES:	DRIVER TOUCH (Y/N):	
	Mountains? (Y/N)	TOLLS? (Y/N)	Weight Lin	<u>nit</u>	
	Areas of USA you	like to travel (ZONES)) – Please circle all th	at apply	
	Nor	<u>theast</u> (NY, NJ, CT, RI	, MA, ME, etc.)		
	<u>Mi</u>	idwest (MI, OH, KY, II			
		Southeast (FL, GA, L/ Southwest (TX, N			
		West (CA, AZ, OR, N			
COMMENTS:					

Note: Max Picks denotes maximum pickups from Shippers. Max Drops denotes maximum deliveries to Receivers.