



# CARRIER PROFILE

## AGENCY REQUESTING SETUP: (Internal use only)

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Agent Code: \_\_\_\_\_

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Carrier Name: \_\_\_\_\_

Carrier Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

MC#: \_\_\_\_\_ DOT#: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

Number of Tractors: \_\_\_\_\_ How many day cabs? \_\_\_\_\_ How many sleepers? \_\_\_\_\_

Number of Trailers by Type:

\_\_\_\_ Van \_\_\_\_ Reefer \_\_\_\_ Flatbed \_\_\_\_ Step Deck \_\_\_\_ Hot Shot \_\_\_\_ Specialized

How many drivers?: \_\_\_\_\_ How many OTR?: \_\_\_\_\_ How many local?: \_\_\_\_\_

(More details will be collected before dispatch services are engaged)

Any Additional Information You Would Like To Provide: \_\_\_\_\_

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