



OWNER OPERATOR CARRIER PROFILE

Instructions: Please complete this form giving us all the information that pertains to you and your Company. 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.

PART 1: CARRIER INFORMATION SECTION

Company _____ DBA(If Any): _____
Physical Address: _____ City: _____ State: _____ Zip: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Main Contact: _____ E-mail: _____
Office #: _____ CELL #: _____
Emergency Contact: _____ Emergency #: _____
MC# _____ DOT# _____

PART 2: EQUIPMENT SECTION

Number Of Trucks: _____ Company: _____ Owner Operator: _____ Number Of Team: _____
Number Of Trailers: VAN: _____ REEFERS: _____ FLATBED: _____ OTHER
TYPES: _____

TRAILER SIZES: VAN: _____ REEFER: _____ FLATBED: _____

BOX TRUCK _____

PLEASE LIST THE BROKERS THAT YOU ARE ALREADY SET UP WITH: _____

DISPATCHING SERVICE

Rate of Haul information: Please give us your minimum rate information. We understand that many factors will change this information, but this will give us a starting point.

Minimum Rate Per Mile: _____ MAX PICK UP: _____

Max Drops: _____ Driver Touch (Y/N): _____

Drivers Name: _____ Driver License # _____ Phone# _____

COMMENTS: _____

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