



681 Railroad Blvd.
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CARRIER PROFILE: (Please Print Clearly)

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact name: _____ Title: _____

Phone: _____ FAX: _____

Watts: _____ Email _____

REMIT TO INFORMATION: Do you factor your bills: Yes or No
If yes, please provide following information. If no, please indicate 'remit to' address if different from above.

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact name: _____ Title: _____

Phone: _____ FAX: _____

Watts: _____ Email: _____

COMPANY INFORMATION:

Are you incorporated? Yes or No If so, what state? _____

MC#: _____ Year MC Established: _____ SCAC Code: _____

Who will sign the Broker/Carrier Agreement? Please print clearly

Name: _____ Title: _____

Domiciled: City _____ State: _____

TERMINAL LOCATIONS: _____

Equipment Availability:

- | | | | | |
|--|--|---|--|--|
| <input type="checkbox"/> Vans 48 | <input type="checkbox"/> Flatbeds 48 | <input type="checkbox"/> Refer Air-ride | <input type="checkbox"/> LowBoy | <input type="checkbox"/> Pads/Blankets |
| <input type="checkbox"/> Vans 53 | <input type="checkbox"/> Flatbeds 53 | <input type="checkbox"/> Refer Logistics | <input type="checkbox"/> RGN | <input type="checkbox"/> Straps |
| <input type="checkbox"/> Vans Air-ride | <input type="checkbox"/> Flatbeds Air-ride | <input type="checkbox"/> End Dumps 48 | <input type="checkbox"/> Stretch Trailer | <input type="checkbox"/> E-tracking |
| <input type="checkbox"/> Van Curtains | <input type="checkbox"/> Flatbed Hot Shot | <input type="checkbox"/> Bottom Dumps 48 | <input type="checkbox"/> Tanks | <input type="checkbox"/> Hazmat |
| <input type="checkbox"/> Van Insulated | <input type="checkbox"/> Tarps | <input type="checkbox"/> Piggyback | <input type="checkbox"/> Pneumatic | <input type="checkbox"/> Pallet Exchange |
| <input type="checkbox"/> Van Vented | <input type="checkbox"/> Chains | <input type="checkbox"/> 24' Straight Truck | <input type="checkbox"/> LTL | <input type="checkbox"/> Walk boards |
| <input type="checkbox"/> Van Roller Bed | <input type="checkbox"/> Binders | <input type="checkbox"/> Power Only | <input type="checkbox"/> Wood Floors | <input type="checkbox"/> Lift-gates |
| <input type="checkbox"/> Van Logistics | <input type="checkbox"/> Refer 48 | <input type="checkbox"/> Step Deck | <input type="checkbox"/> Metal Floors | <input type="checkbox"/> Forklifts |
| <input type="checkbox"/> Van Hot Shot | <input type="checkbox"/> Refer 53 | <input type="checkbox"/> Double Drop | <input type="checkbox"/> Side kits | <input type="checkbox"/> T E A M S |
| <input type="checkbox"/> Container Drayage | | | | |

Areas of Coverage, By Zones:

Zip Zones	0	1	2	3	4	5	6	7	8	9
Vans										
Flats										
Reefers										

Zone 0 = CT ME MA NH NJ RI VT

Zone 1 = DE NY PA

Zone 2 = MD NC SC VA WV

Zone 3 = AL FL GA MS TN

Zone 4 = IN KY MI OH

Zone 5 = IA MN MT ND SD WI

Zone 6 = IL MO KS NE

Zone 7 = OK TX AR LA

Zone 8 = ID WY NV UT CO AZ NM

Zone 9 = CA OR WA

ZONE EXCEPTIONS: _____

MAJOR LANES OR ZONES FROM AND TO:

1. _____
2. _____
3. _____
4. _____

NOTES: _____