

CARRIER PROFILE SHEET

Company Name: _____ Incorporated? Yes ___ No ___

Physical Address: _____ City _____ State _____ Zip _____

MC # _____ Federal Id# _____ Authority(s): Common ___ Contract ___ Broker ___

1-800 Phone #: _____ Fax #: _____

Local Phone #: _____ Central Dispatch Phone # _____

Website Address: WWW. _____

Dispatcher & Ext. #: _____ Dispatcher & Ext. #: _____

Dispatch email: _____ Dispatch email: _____

Dispatcher & Ext. #: _____ Dispatcher & Ext. #: _____

Dispatch email: _____ Dispatch email: _____

Claims/Loss Contact Name: _____ Phone # _____

List Contact Name, Phone #, and Extension below for any that apply:

Expedited T/L Svcs: Name _____ Phone # _____ Ext. # _____

Expedited LTL Svcs: Name _____ Phone # _____ Ext. # _____

Guaranteed T/L Svcs: Name _____ Phone # _____ Ext. # _____

Guaranteed LTL Svcs: Name _____ Phone # _____ Ext. # _____

Blanket Wrap/Delicate T/L Svcs: Name _____ Phone # _____ Ext. # _____

Blanket Wrap/Delicate LTL Svcs: Name _____ Phone # _____ Ext. # _____

Additional Satellite Offices/Branches (if Applicable):

Location City: _____ State _____ Contact Name _____ Phone # _____

Location City: _____ State _____ Contact Name _____ Phone # _____

Location City: _____ State _____ Contact Name _____ Phone # _____

Location City: _____ State _____ Contact Name _____ Phone # _____