

CARRIER PROFILE SHEET

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CARRIER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

REMIT TO ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

CONTACT PERSONS: _____

800# _____ PHONE# _____

FAX# _____

WEB SITE ADDRESS: _____

OPERATING AUTHORITY: BROKER _____ COMMON _____ CONTRACT _____

FEDERAL ID# _____ MC# _____ SCAC _____

ARE YOU INCORPORATED? YES _____ NO _____

EQUIPMENT: # OF VANS _____ # OF REEFERS _____ # OF FLATS _____

§ LTL _____ § TL _____ HAZMAT: _____

BACKHAUL LANES:

ORIGIN CITY/STATE:	DESTINATION CITY STATE:
_____	_____
_____	_____
_____	_____
_____	_____

HOW OFTEN ARE YOU IN CHICAGO? _____ PALLET EXCHANGE? _____

PLEASE SEND A COPY OF YOUR CURRENT INSURANCE, CARGO, & LIABILITY, AND YOUR OPERATING AUTHORITY, ALONG WITH THE SIGNED CONTRACT CARRIER AGREEMENT



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