



Dispatching Solutions, LLC

## CARRIER PROFILE

**Instructions:** Please complete this form to assist us in dispatching for you. This information is for Office-use only and will not be released to any third party without your 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 PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ EMERGENCY PHONE: \_\_\_\_\_

HAS MAT Certified: \_\_\_\_\_

### **PART 2: EQUIPMENT TYPES:**

(For more than one truck use multiple forms)

Number and Type of Trucks: 53' VAN: \_\_\_\_\_ 53' REEFERS: \_\_\_\_\_ 48'/53' \_\_\_\_\_ FLATBED: \_\_\_\_\_

OTHER TYPES: \_\_\_\_\_

Trailer Model/Type: \_\_\_\_\_ Air Ride : \_\_\_\_\_ Vented \_\_\_\_\_ Load Bars: \_\_\_\_\_

Straps: \_\_\_\_\_ Pads: \_\_\_\_\_ Tarps: \_\_\_\_\_ Binders: \_\_\_\_\_

**IF YOU ARE ALREADY SET UP/APPROVED WITH A BROKER(S), PLEASE LIST THEM BELOW:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **PART 3: CARRIER SPECIFICATIONS:**

We understand that factors will change these specifics, but we will give us a starting point.

Mountains? (Y/N) \_\_\_\_\_ TOLLS? (Y/N) \_\_\_\_\_ Weight Limit \_\_\_\_\_

**Areas of USA you like to travel (ZONES) – Please circle all that apply**

Northeast (NY, NJ, CT, RI, MA, ME, etc.)

Midwest (MI, OH, KY, IN, IL, WI, etc.)

Southeast (FL, GA, LA, AL, etc.)

Southwest (TX, NM, etc.) West (CA, AZ, OR, NV, ID, etc.)

**PART 4: FACTORING INFORMATION:**

If you use a factoring service, please provide us the following information. This will ensure that we only use brokers that approved by your factoring company.

FACTORING COMPANY NAME: \_\_\_\_\_

CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**PART 5: INSURANCE INFORMATION:**

**Please note:** We do require our carriers to maintain a minimum of \$1 Million in liability and \$100,000.00 in Cargo insurance.

INSURANCE COMPANY: \_\_\_\_\_

CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_