



CARRIER INFORMATION SHEET

Legal Company Name: _____ MC#: _____

DBA (if different) : _____ US DOT #: _____

Physical Address (PO Box not acceptable): _____

City: _____ State: _____ Zip: _____

FID/SS#: _____ SCAC: _____ TWIC: Y / N Hazmat: Y / N Team(s): Y / N

REMIT TO Company Name (if different than above): _____

Remittance Mailing Address: _____

City: _____ State: _____ Zip: _____

Accounts Receivable Contact: _____ Contact E-mail: _____

Accounts Receivable Phone: _____ - _____ - _____ Accounts Receivable Fax: _____ - _____ - _____

DISPATCH CONTACT INFORMATION

Dispatch Contact: _____ Email: _____

Dispatch Phone: _____ - _____ - _____ Ext: _____ Dispatch Fax: _____ - _____ - _____

After Hours or Emergency Contact: _____ Phone: _____ - _____ - _____

INSURANCE INFORMATION

Insurance Agent or Contact Name: _____

Phone: _____ - _____ - _____ Ext: _____ Fax: _____ - _____ - _____

EQUIPMENT

	Vans	Reefers	Flat Beds	Step Decks	Double Drops	RGNs	Other
Quantity							