

CARRIER/COMPANY PROFILE FORM

Instructions: Please complete this form giving us all the information that pertains to you and your company. The better informed we are, the better we will be able to assist you. This form can be updated at anytime by notifying us. This information is for our use only and will not be released to any third party without your express written permission.

PART I: CARRIER PROFILE INFORMATION SECTION:

COMPANY: _____ D/B/A (If Any): _____

PHYSICAL ADDRESS: MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAIN CONTACT: _____ OFFICE PHONE: _____ FAX: _____

CELL: _____ EMERGENCY CONTACT: _____ PHONE: _____

EMAIL ADDRESS: _____

WEBSITE IF ANY: _____

DOT #: _____ MC#: _____ SSN/EIN#: _____ SCAC CODE: _____

TWIC CERTIFIED: _____ HAZ MAT CERTIFIED: _____

PART 2: EQUIPMENT SECTION:

(for more than one truck use the multiple truck form)

VAN EQUIPMENT:

48' VAN: ___ 53' VAN: ___ AIRRIDE: ___ VENTED: ___ E-TRACK: ___

LOGISTICS: ___ LOAD BARS: ___ STRAPS: ___

PADS: ___ MAX LOAD WEIGHT: _____

COMMENTS: _____

REEFER EQUIPMENT:

48' REF: ____ 53'REF: ____ AIRRIDE: ____ PALLETS: ____ ETRACK: ____

LOAD BARS: ____

FLATBED/SPECIALIZED EQUIPMENT:

45'FLAT: ____ 48' FT: ____ 53' FLAT: ____ 48' STEP DECK: ____ 53'

STEP DECK: ____ RGN: ____ IF SO SIZE: _____

RAMPS: _____ LEVELERS: _____ CHAINS: _____ STRAPS:

_____ TARPS: ____ SIDES: __ OVERSIZE: _____

MAX LOAD WEIGHT: _____

COMMENTS: _____

PART 3: SERVICE AREAS OF OPERATION:

(Check all that apply)

United States: [] All 48 States

[] AL [] AR [] AZ [] CA [] CO [] CT [] DE [] FL [] GA [] IA [] ID
[] IL [] IN [] KS [] KY [] LA [] MA [] MD [] ME [] MI [] MO [] MN
[] MS [] MT [] NC [] ND [] NE [] NH [] NJ [] NM [] NV [] NY [] OH
[] OK [] OR [] PA [] RI [] SC [] SD [] TN [] TX [] UT [] VA [] VT []
WA [] WI [] WV [] WY

Canada: [] AB [] BC [] MB [] ON [] QB [] SK

Mexico: []

Rate of Haul Information:

Please give us you minimum rate information. We understand that many factors will change this information. But this will give us a starting point.

MINIMUM RATE PER MILE: _____ MAX PICKS: _____

MAX DROPS: _____

COST PER EXTRA STOP: _____

DRIVER TOUCH : ____ (Y/N):COMMENTS: _____

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 are 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: _____

PART 6: OTHER INFORMATION:

PLEASE USE THE FOLLOWING SECTION TO BETTER DESCRIBE YOUR COMPANY THAT WE HAVE NOT ALREADY ASKED FOR.

Office Use Only: Updated On: __/__/____

Comments: _____

MULTIPLE TRUCK OPERATION FORM

Please complete this form if you are a trucking company with more than one (1) truck working under your authority.

TRUCK#	TRAILER#	TYPE TRLR	MAX WGHT	DRIVER	CELL

Notes:

1 - Does the assigned driver has the right to make load decision for you? ____

2 - Does the driver need to have a copy of the load confirmation? _____

3 - Do we need to do the initial dispatch of the driver, or will you? _____

4 – Other:

Brokers & Shippers You Currently Work With

Complete this section if you have a list of Freight Brokers or Shippers that you currently use and would like Big Dog Dispatch to use in the Dispatch of your trucks.

COMPANY: _____
CONTACT: _____
PHONE: _____ FAX: _____ EMAIL: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____

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Carrier Profile - Big Dog Dispatch

References:

COMPANY: _____
CONTACT: _____
PHONE: _____ FAX: _____ EMAIL: _____
ADDRESS: _____
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Thank you for your business,

Please keep a copy of this profile, and fax updates to us as necessary.