

Owner operator Carrier Packet

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 should be updated at any time 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 1: CARRIER INFORMATION SECTION Company _____ DBA(If

Any): _____ Physical Address: _____
City: _____ State: _____ Zip: _____ Mailing
Address: _____ City: _____ State: _____ Zip: _____
Main Contact: _____
E-mail: _____ Office #: _____
CELL #: _____
Emergency Contact: _____ Emergency #: _____
MC# _____
DOT# _____

PART 2: EQUIPMENT SECTION Number Of Trucks: _____ Company: _____ Owner Operator: _____
Number Of Team: _____ Number Of Trailers: VAN: _____ REEFERS: _____
FLATBED: _____ OTHER _____

TYPES: _____ TRAILER
SIZES: VAN: _____ REEFER: _____ FLATBED: _____ BOX
TRUCK _____ PLEASE LIST THE
BROKERS THAT YOU ARE ALREADY SET UP WITH: _____

DISPATCHING SERVICE Rate of Haul information: Please give us your 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 PICK UP: _____
Max Drops: _____ Driver Touch (Y/N): _____
Drivers Name: _____ Driver License # _____
Phone# _____

COMMENTS: _____

