

CARRIER PROFILE SHEET

Company Name: _____ Incorporated? Yes ___ No ___

Physical Address: _____ City _____ State ___ Zip _____

Mailing Address: _____ City _____ State ___ Zip _____

MC # _____ Federal Id# _____ Authority(s): Common ___ Contract ___ Broker ___

1-800 Phone #: _____ Fax #: _____

Local Phone #: _____ Central Dispatch Phone # _____

Website Address: WWW. _____

Dispatcher & Ext. #: _____ Dispatcher & Ext. #: _____

Dispatch email: _____ Dispatch email: _____

Claims/Loss Contact Name: _____ Phone # _____

Do You Handle Hazmat: ___ YES ___ NO Carry Tarps: ___ YES ___ NO

Number of Flatbeds _____ Drop Decks _____ Vans _____

Other Trailers _____

Number of Power Units _____

Are your loads paid through a Factoring Company ___ YES ___ NO

Factoring Company Name _____

Address _____

City, State, Zip _____

Contact and Phone# _____

This sheet must be filled out and faxed back to LHL along with our Carrier Broker Agreement, W-9, Authority and Insurance with Long Haul Logistics LLC. as the certificate holder. Please fax back to Brokerage at 281-391-0545. Thank you.