

CARRIER PROFILE

Instructions: Please complete this form to assist us in serving you. This form can be updated at any time by simply contacting your Dispatch Specialist. 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:						
PHYSICAL ADDRESS:			_ CITY:	_ ST:	ZIP:	
MAILING ADDRESS:			_CITY:	ST:	ZIP:	
MAIN CONTACT:		E-MAIL:				
OFFICE PHONE:	FAX:					
EMERGENCY CONTACT:		EMERGEN	CY PHONE: _			

PART 2: EQUIPMENT TYPES

Number of Trucks: 53' VAN:	_ 53' REEFERS:	_48'/53' FLATBED:	
OTHER TYPES:			
PLEASE LIST THE BROKERS TH	AT YOU ARE ALRE	ADY SET UP/APPROVED	WITH BELOW:

DISPATCH SPECIFICATIONS:

Please give us your minimum cents per mile information. We understand that many factors will change this information, but this will give us a starting point.

CENTS (\$)/MILE: _____ MAX PICKS/PICK UPS: ____ MAX DELIVERIES: ____ DRIVER TOUCH (Y/N): ____ 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.)

COMMENTS: _____

Erie, Colorado Email: dispatch@acexpress.org Ph: 1 (720) 254-9424