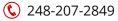


CARRIER COMPANY PROFILE FORM

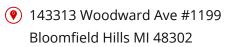
Instructions: Please complete this form giving us all the information that pertains to you and your company. The better informed we are. the better we will be able to assist you. This form can be updated at anytime by notifying us. This information is for our use only and will not be released to any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

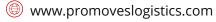
PART 1: CARRIER PROFILE INFORMATION SECTION:

COMPANY: DBA (If Any) :						
PHYSICAL ADDRESS:						
	DOT NUMBER:					
CITY:	STATE:					
ZIPCODE:	MAIN CONTACT:					
OFFICE PHONE:	FAX:					
CELL:	EMERGENCY CONTACT:	PHONE:				
EMAIL ADDRESS:						
WEBSITE IF ANY:						





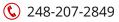






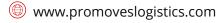
PART 2: EQUIPMENT SECTION:

VAN EQUIPME	NI:			
48' VAN:	_ 53' VAN:	AIRRIDE:	VENTED:	E-TRACK:
LOOISTICS:	LOAD E	BARS:	STRAPS:	_ PADS:
MAX LOAD WE	IGHT:			
COMMENTS:				
				
REEFER EQUIT	MENT:			
48' REF:	53'REF:		AIRRIDE:	PALLETS:
TRACK:	LOAD E	BARS:		
FLATBED (SPEC	CIALIZED EQUIF	PMENT):		
45'FLAT:	48' FT:	5	3' FLAT:	48' STEP DECK:
53' STEP DECK:		RGN:	IF SO SIZE:	
RAMPS:	LEVEL	ERS:	CHAINS:	
STRAPS:	TARP	S:	SIDES:	OVERSIZE:





^{(9) 143313} Woodward Ave #1199 Bloomfield Hills MI 48302



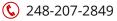


PART 3: SERVICE AREAS OF OPERATION:

(Check all that apply)

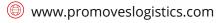
WHAT IS YOUR AREA OF COVERAGE / WHAT STATES DO YOU TRANSPORT IN? (Please Select All That Apply)

DE	MT OH UT							
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.								
MINUMUM RATE PER MILE:	MINUMUM RATE PER MILE: MAX PICKS:							
MAX DROPS:								
COST PER EXTRA STOP: DRIVER TOUCH:								
COMMENTS:								





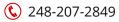
^{(9) 143313} Woodward Ave #1199 Bloomfield Hills MI 48302



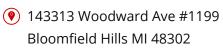


PART 6: OTHER INFORMATION:

HAVE NOT ALREADY ASKED FOR.		OBETTE	K DESCRIB	E YOUR CC	JWIPANY II	HAI VVE
Office Use Only: Updated On:	/	/				
Comments:						







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MULTIPLE TRUCK OPERATIONS FORM

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

TRUCK#	TRAILER#	TYPE	MAX WEIGHT:	DRIVER	CELL:
		TRAILER:		NAME:	

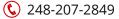
NOTES:

1. Does the assigned driver have the right to make load decision for you?	
2. Does the driver need to have a copy of the load confirmation?	

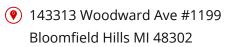
3. Do we need to do the initial dispatch of the driver, or will you?

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4.	Other:				
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