



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: _____

MAILING ADDRESS: _____

MC NUMBER: _____ DOT NUMBER: _____

CITY: _____ STATE: _____


ZIPCODE: _____ MAIN CONTACT: _____

OFFICE PHONE: _____ FAX: _____

CELL: _____ EMERGENCY CONTACT: _____ PHONE: _____

EMAIL ADDRESS: _____

WEBSITE IF ANY: _____

 248-207-2849

 promoves.info@gmail.com

 143313 Woodward Ave #1199

Bloomfield Hills MI 48302

 www.promoveslogistics.com



PART 2: EQUIPMENT SECTION:

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: _____

TRACK: _____ 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: _____

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PRO MOVES
LOGISTICS LLC

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)

Lower 48 <input type="checkbox"/>	DE <input type="checkbox"/>	KY <input type="checkbox"/>	MT <input type="checkbox"/>	OH <input type="checkbox"/>	UT <input type="checkbox"/>
AK <input type="checkbox"/>	FL <input type="checkbox"/>	LA <input type="checkbox"/>	NC <input type="checkbox"/>	OK <input type="checkbox"/>	VA <input type="checkbox"/>
AL <input type="checkbox"/>	GA <input type="checkbox"/>	MA <input type="checkbox"/>	ND <input type="checkbox"/>	OR <input type="checkbox"/>	VT <input type="checkbox"/>
AR <input type="checkbox"/>	HI <input type="checkbox"/>	MD <input type="checkbox"/>	NE <input type="checkbox"/>	PA <input type="checkbox"/>	WA <input type="checkbox"/>
AZ <input type="checkbox"/>	IA <input type="checkbox"/>	ME <input type="checkbox"/>	NH <input type="checkbox"/>	RI <input type="checkbox"/>	WI <input type="checkbox"/>
CA <input type="checkbox"/>	ID <input type="checkbox"/>	MI <input type="checkbox"/>	NJ <input type="checkbox"/>	SC <input type="checkbox"/>	WV <input type="checkbox"/>
CO <input type="checkbox"/>	IL <input type="checkbox"/>	MN <input type="checkbox"/>	NM <input type="checkbox"/>	SD <input type="checkbox"/>	WY <input type="checkbox"/>
CT <input type="checkbox"/>	IN <input type="checkbox"/>	MO <input type="checkbox"/>	NV <input type="checkbox"/>	TN <input type="checkbox"/>	Canada <input type="checkbox"/>
	KS <input type="checkbox"/>	MS <input type="checkbox"/>	NY <input type="checkbox"/>	TX <input type="checkbox"/>	Mexico <input type="checkbox"/>

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 PICKS: _____

MAX DROPS: _____

COST PER EXTRA STOP: _____ DRIVER TOUCH: _____

COMMENTS: _____

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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:

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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 TRAILER:	MAX WEIGHT:	DRIVER NAME:	CELL:

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? _____
4. Other: _____