

CARRIER PROFILE - COMPLETE AND FAX TO (217) 935-0056

Carrier Name _____ Trade Name _____
Federal Taxpayer ID# _____ Telephone# _____
SCAC Code: _____ Toll Free# _____
Authority MC# _____ 24 Hour Phone# _____
Dispatch Contact(s) _____ Fax# _____

Physical Address _____ City _____ State _____ Zip Code _____ - _____

List the EXACT remittance address that will appear on your CARRIER invoice. Will this be a Factoring Company? Yes No

Name of Company _____ Address _____
City _____ State _____ Zip _____ - _____

Factoring Company Phone# _____ Fax# _____ A/R Contact _____

E-mail Address (print or type LEGIBABLLY) _____

Would you like to receive our available load list via email? Yes or No

Please check the appropriate box (Check Mark only one): Corporation Individual/Sole Proprietor Partnership Send us a completed W-9 form.

Please provide updated insurance certificate w/cargo & liability ins. from the ins. provider, listing Select Logistics Network, Inc as certificate holder.

Insurance Agent's Phone# _____ Insurance Agent's Fax# _____

Operating Authority Type/s (Check One): Common Contract Broker Common/Contract Common/Contract/Broker

Do you have 48 State Authority? Yes No Canadian Authority? Yes No Mexican Authority? Yes No

Equipment – Check ALL types of equipment you have and List Quantity of each type of trailer. Quantity of Trucks you have _____

<u>Trailer Type</u>	<u>Quantity</u>	<u>Trailer Type</u>	<u>Quantity</u>	<u>Trailer Type</u>	<u>Quantity</u>	<u>Trailer Type</u>	<u>Quantity</u>
<input type="checkbox"/> 48' Vans	_____	<input type="checkbox"/> 48' Reefers	_____	<input type="checkbox"/> 48' Flatbeds	_____	<input type="checkbox"/> RGN's	_____
<input type="checkbox"/> 53' Vans	_____	<input type="checkbox"/> 53' Reefers	_____	<input type="checkbox"/> 53' Flatbeds	_____	<input type="checkbox"/> DD	_____
<input type="checkbox"/> 48' SD	_____	<input type="checkbox"/> 53' SD	_____	<input type="checkbox"/> Other (Describe) _____	Quantity _____		

Drivers – How do you communicate with your drivers? (Check appropriate box/s) Satellite Cell Phones Pager Check-call

Handle LTL? Yes No Pallet Exchange? Yes No Do you have teams available? Yes No Quantity of Teams? _____

Lanes Preferences for your equip? Origin City _____ State _____ Destination City _____ State _____

Preference 1 _____

Preference 2 _____

Preference 3 _____

Please list the states you will NOT travel _____

Please list the states you PREFER to travel _____

Are you a SmartWay Carrier? Yes No If you are not already set up as a SmartWay Carrier please visit their website and find out how to become a partner at http://www.epa.gov/smartway/smartway_fleets_basics.htm . Find ways to improve the environmental performance of your operation. You may also find that these same improvements improve your bottom line by saving fuel, etc.

Carrier Profile must be filled out in it's ENTIRETY to set up a Accounts Payable code in our A/P Files!!!!!!