

## Vendor Profile Form

**Please complete this form, to assist us in identifying your company's services more accurately. You can fill it online, then print and fax to us (if you try to save a copy, it will save the blank form only).**

Company Name: Address: City: State: Zip Code: Email:	Accounting Office Information (if different) Address: City: State: Zip Code: Email:
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### Operations Manager

Name:  
 Phone:  
 Email:  
 Fax #:

### Dispatch Contact

Name:  
 Phone:  
 Email:  
 Fax #:

### Rates Contact

Name:  
 Phone:  
 Email:  
 Fax #:

### Cargo Insurance Provider

Name:  
 Phone:

### Workers Compensation Insurance Provider

Name:  
 Phone:

### Company Operational Information:

ICC#	Total Trucks
Federal ID#	# company owned and operated
US DOT#	# owner operators
DOT Safety Rating	# local trucks (50 miles radius)
SCAC Code	# regional trucks (round trip any miles)
CHL# (Customs House License)	# one way

Please describe the scope  
of your one way service:

Please advise the type of yard you use to secure loads (daily and over an extended period of time). Please include the size of the yard (number of containers you can store) and type of security used.

Daily

Extended:

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**Type of equipment  
(owned or leased)  
Check all that apply:**

- 20' Chassis
- 20' Triaxle
- 40' Chassis
- 40' Triaxle (Super Chassis)

**Do you possess the appropriate  
certificates, permits, and/or  
expertise to handle the  
following loads. Check all that  
apply:**

- Hazardous
- Overdimensional
- Bonded
- Overweight
- Reefer
- Liquor

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**Do you have the capability to retrieve and provide information via the internet and email?**

yes    no

**Additional Branches Information:**

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**Please fax completed copy to (732) 440-1375.**