



## CARRIER DEVELOPMENT

Carrier Name \_\_\_\_\_

Terminal Location(s) \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Dispatch Contact \_\_\_\_\_

Dispatch email \_\_\_\_\_

**EQUIPMENT**

Vans # \_\_\_\_\_

Flats # \_\_\_\_\_

Reefers # \_\_\_\_\_

SD/RGN/DD # \_\_\_\_\_

E track logistics van # \_\_\_\_\_

**SERVICE**

Heavyhaul  YES  NO

Team  YES  NO

Pad Wrap  YES  NO

LTL  YES  NO

Power Only  YES  NO

**HAZ MAT**  YES  NO

Cargo Insurance Amount \_\_\_\_\_

Non Owned Trailer/Trailer interchange  YES  NO Amount \_\_\_\_\_

**Top 3 Lanes You Service**

To: \_\_\_\_\_ From: \_\_\_\_\_

To: \_\_\_\_\_ From: \_\_\_\_\_

To: \_\_\_\_\_ From: \_\_\_\_\_

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