



CARRIER PROFILE

IMPORTANT: The following information MUST BE COMPLETED IN FULL to register your company with **Quick Transport Solutions, Inc.** Send completed Profile, Insurance Certificate, Form W-9, and Authority to **FAX (510) 280-7284.**

Legal Company Name: _____ MC _____

DBA (if different): _____ USDOT _____

Physical Address (PO Box not acceptable): _____

City: _____ State: _____ Zip: _____

REMIT TO COMPANY NAME, (if different than above):

Remittance Mailing Address: _____

City: _____ State: _____ Zip: _____

Receivables Contact: _____ Remit Contact E-mail: _____

Receivables Phone: _____ Receivables Fax: _____

CONTACT INFORMATION:

Dispatch Contact: _____ Dispatch E-mail: _____

Dispatch Phone: _____

Dispatch Fax: _____

After Hours or Emergency Contact: _____

After Hours or Emergency Phone: _____

Do drivers carry cell phones? Yes / No

INSURANCE INFORMATION:

Insurance Agent or Contact Name: _____

Phone: _____ Fax: _____

E-mail: _____

OPERATIONS INFORMATION:

List Preferred Lanes: _____

List Backhaul Lanes: _____

Please check if your services include: Teams [] Air Ride [] HAZMAT []

of Trucks in fleet: _____ # of Trailers in fleet: _____

Indicate type(s) of equipment in your fleet:

REEFER	48ft	53ft
Tandem		
Tridem		
Flush		
Mounted		
Multi Temp		
Smart Reefer		
Wooden Floor		
Chute		

DROP DECK	48ft	53ft
Tandem		
Side Kit		
Tridem		
Trombone		
Super-B/Max (Yes/No)		

VANS	48ft	53ft
Tandem		
Tridem		

HEAVY HAUL Double Drop		
10 Axle		
12 Axle		
13 Axle		
19 Axle		
Expandale		

FLAT DECKS	48ft	53ft
Tandem		
Tridem		
Trombone		
Side Kit		