



100 Lexington Drive Suite 202
Buffalo Grove, IL 60089

MC 297666

CARRIER PROFILE

GENERAL INFORMATION

Company Information _____ Set-up Date _____

Dispatch/Contact _____ ICC# _____

Owner / Officer _____ Contact # _____

Owner / Officer _____ Contact # _____

Mailing Address _____

City, ST, ZIP _____

General Phone # _____ FAX # _____

After Hours # _____

Email Address _____

Eligible for 1099 _____ YES _____ NO

PREFERRED TERMS (please check one of the following)

Expedited Payment _____ **(TERMS: 5 business days)**
(Note: Payment is processed within 5 business days of receipt of original POD. Terms include a 4% processing fee of gross rate)

Standard Payment _____ **(TERMS: 14-21 days)**
(Note: Payment is processed within 14 to 21 business days of receipt of original POD.)

THE ABOVE TERMS ARE SUBJECT TO CHANGE. CARRIER CAN REQUEST A CHANGE TO THEIR PREFERRED TERMS AT ANY TIME ONLY IF DONE SO PRIOR TO REMITTANCE OF PAYMENT BY CONTACTING OAR DISPATCH OR ACCOUNTS PAYABLE. TERMS MUST BE INDICATED IN WRITING ON INVOICING. DEFAULT TERMS WILL BE STANDARD PAYMENT.

FLEET INFORMATION (please check all that apply & quantity of each)

Trailer Type	QTY	Trailer Type	QTY	Trailer Type	QTY
<input type="checkbox"/> 48' Vans	_____	<input type="checkbox"/> 48' Reefer	_____	<input type="checkbox"/> 48' Flatbed	_____
<input type="checkbox"/> 53' Vans	_____	<input type="checkbox"/> 53' Reefer	_____	<input type="checkbox"/> 53' Flatbed	_____
<input type="checkbox"/> Other	_____	QTY	_____		

Do you exchange pallets Yes No

Lanes

Please list states to which your company delivers most frequently _____

Please list two states to which your company prefers to return most frequently _____

References

Company Name: _____ Contact Person: _____

Address _____

Phone: _____ Fax: _____

Cargo Hauled _____

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Company Name: _____ Contact Person: _____

Address _____

Phone: _____ Fax: _____

Cargo Hauled _____

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Company Name: _____ Contact Person: _____

Address _____

Phone: _____ Fax: _____

Cargo Hauled _____