



CARRIER PROFILE

Instructions: Please complete this form to provide us with more information about your company and equipment types. The better informed we are, the better we will be able to service you. This document should stay current and can be updated at any time by text or email notification. This information will be for Chrysalis Price Consulting, LLC use only and will not be released to any third party without your written request or permission.

Email: bprice@chrysalisprice.com **Phone:** (256)786-1695

PART 1: CARRIER GENERAL INFORMATION

COMPANY NAME: _____ DBA (If Any): _____

PHYSICAL ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

MAIN CONTACT (Name): _____ E-MAIL: _____

OFFICE PHONE: _____ FAX: _____ CELL PHONE: _____

EMERGENCY CONTACT (Name): _____ EMERGENCY PHONE: _____

MC NUMBER: _____ YEARS ACTIVE: _____ DOT NUMBER: _____ SCAC: _____

PART 2: EQUIPMENT TYPES

Number and Type of Trailers: 53' VAN: _____ 53' REEFERS: _____ 48'/53' FLATBED: _____ POWER ONLY: _____

Truck #'s: _____ **Trailer #'s:** _____

Trailer Accessories for your specific equipment types (Dry Van, Reefer, and Flatbed):

OTHER TYPES: _____

PLEASE LIST ANY BROKERS YOU ARE ALREADY SET UP OR APPROVED WITH BELOW:

