



GATSCOMP, PO BOX 1174, CIBOLO, TEXAS 78108, 210-338-9848, TRANSPORT@GATSCOMP.NET
An Equal Opportunity Employer

CARRIER PROFILE

Instructions: Please complete this form giving us all the information. The better informed we are, the better we will be able to assist you. This form should be updated at any time by notifying us. This information is for our use only and will not be released to any third party without your express written permission.

1. CARRIER INFORMATION

COMPANY (DBA) _____

ADDRESS: _____

CITY: _____ ST _____ ZIP _____

CONTACT: _____ PHONE: _____

E-MAIL: _____ FAX: _____

MC# _____ DOT # _____ EIN/SS # _____

SCAC # _____ TWIC # _____ HAZMAT# _____

2. EQUIPMENT SECTION

NUM. OF TRUCKS: _____ [Company _____ + Owner Operator _____]

NUM. OF TRAILERS: _____ VAN _____ REEFER _____ FLATBED _____ OTHER _____

ADDITIONAL INFO:



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2. TRUCK & DRIVER(S) INFO

TRUCK #	TRAILER #	TYPE	YEAR	DRIVER	PHONE

3. SERVICE AREAS OF OPERATION *(please check all that apply)*

- AL AR AZ CA Co CT DE FL GA IA ID IL
 IN KS KY LA MA MD ME MI MO MN MS MT
 NC ND NE NH NJ NM NV NY OH OK OR PA
 RI SC SD TN TX UT VA VT WA WI WV WY

4. RATE OF HAUL INFORMATION

Please provide us your ideal (reasonable) rate information. We understand that many factors will change this information, but this will give us a starting point.

IDEAL MILE RATE \$ _____(V) \$ _____(R) \$ _____(F)

ADDITIONAL PREFERENCES:

Dispatch + Carrier = Agreement

Initials _____



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5. FACTORING INFORMATION

If you use factoring service, please provide the following information. This will ensure that we only use brokers approved by your factoring company.

FACTORING _____ **WEB** _____
ADDRESS _____ **CITY** _____ **ST** _____ **ZIP** _____
CONTACT _____ **E-MAIL** _____
PHONE# _____ **Fax #** _____

6. INSURANCE INFORMATION

Please provide us with your insurance contact information, where we can request certificate of insurance with specific holders. (i.e. brokers and/or shippers) (**NEED COPY OF CERTIFICATE OF INSURANCE**)

INSURANCE _____ **WEB** _____
ADDRESS _____ **CITY** _____ **ST** _____ **ZIP** _____
CONTACT _____ **E-MAIL** _____
PHONE# _____ **FAX #** _____

7. REFERRAL

Please refer us three (3) Owner Operators who you believe might benefit from our service.

NAME _____ **CELL** _____
NAME _____ **CELL** _____
NAME _____ **CELL** _____

8. ADDITIONAL INFORMATION

Please use the section bellow to better describe your company. Include special terms and conditions of most importance and everything we have to consider while searching and taking the loads for you.

