



**CARRIER INFORMATION SHEET**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Watts Number: \_\_\_\_\_

Local Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Do you carry HAZ MAT Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

*Truck Types*

VANS	FLAT	C/S	DROPS	OTHER

PREFERRED LANES OR STATES

\_\_\_\_\_  
\_\_\_\_\_