

JAGTRUX, INC
Carrier Profile

Carrier Name: _____

Toll Free #: _____ Local #: _____

Fax #: _____ Emergency/After hours #: _____

MC#: _____ Federal ID#: _____ SCAC: _____

Physical Address: _____

Mailing Address: _____

E-mail: _____ Website: _____

Equipment Profile

Owner Operators: _____ Company Driver: _____

Vans: 40' _____ 48' _____ 53' _____ Flatbeds: _____ Stepdeck: _____

Curtain Sides: 48' _____ 53' _____

Air Ride Equipment: _____

Specialized Equipment: _____

States Traveled: _____

Do you have constant communication with drivers? _____ Cell Phones () Pagers ()

Satellite Tracking: _____

Company References for Whom you Currently Haul

Customer: _____ City/State: _____ Phone: _____

Customer: _____ City/State: _____ Phone: _____