Cargo-Master
a greatwide company

CARRIER QUESTIONNAIRE/REMITTANCE FORM

PLEASE NOTE – THIS FORM MUST BE COMPLETED TO BE SETUP AS A CONTRACT CARRIER

SECTION A (Required)

CARRIER NAME _____

DBA (If applicable) _____

PHYSICAL ADDRESS _____

CITY _____ STATE _____ ZIP _____

WEBSITE ADDRESS _____

OWNER/PRESIDENT/PRINCIPAL _____

THIS MUST BE THE NAME OF AN OFFICER OR OWNER OF THE COMPANY

IF YOUR ACCOUNTS RECEIVABLES ADDRESS IS DIFFERENT THAN YOUR PHYSICAL ADDRESS, PLEASE LIST BELOW. IF YOUR RECEIVABLES ARE FACTORED, PLEASE INCLUDE THE FACTORING AGREEMENT SIGNED BY BOTH PARTIES

REMITTANCE/MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

ARE YOU A CERTIFIED MINORITY/WOMAN-OWNED BUSINESS ENTERPRISE (MBE/WBE)? YES ☐ NO ☐

NAME OF CERTIFYING AGENCY _____ CERTIFICATE NO.: _____

SECTION B (Required)

DISPATCH CONTACT NAME (First & Last) _____

OPERATIONS MANAGER CONTACT NAME (First & Last) _____

DISPATCH/GENERAL E-MAIL ADDRESS _____

PHONE NUMBER _____ MC NUMBER _____

FAX NUMBER _____ US DOT NUMBER _____

SCAC CODE _____ TAX ID NUMBER (EIN OR SSN) _____

TOLL-FREE NUMBER _____ EMERGENCY/AFTER-HOURS NUMBER _____

INSURANCE AGENCY NAME _____ INSURANCE AGENCY NUMBER _____

OPERATIONS ADVANCES ALLOWED? YES ☐ NO ☐ DRIVER ADVANCES ALLOWED? YES ☐ NO ☐

LUMPER ADVANCES ALLOWED? YES ☐ NO ☐

SERVICE REFERENCE _____ CONTACT NAME _____ PHONE NUMBER _____

SERVICE REFERENCE _____ CONTACT NAME _____ PHONE NUMBER _____

SERVICE REFERENCE _____ CONTACT NAME _____ PHONE NUMBER _____

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CARRIER SERVICE PROFILE

(Completion of this profile will assist us in offering enhanced services and more opportunities to you)

Carrier Name: _____ MC#: _____

EQUIPMENT: (Please only include the drivers and owner-operators operating under your authority)

Number of Trucks: _____ Solo Trucks: _____ Team Trucks: _____

Number of Trailers: _____

Van 48'	No. _____	Flatbeds	No. _____	Size _____
Van 53'	No. _____	Step Deck	No. _____	Size _____
Reefer 48'	No. _____	Other:	No. _____	Size _____
Reefer 53'	No. _____	Describe Other:	_____	

SERVICE OFFERINGS:

Do you have an active permit to haul alcohol? YES ☐ NO ☐

If yes, for which states has your company obtained authorization, including by license, permit or registration to transport alcoholic beverages? _____

SERVICE COVERAGE AREAS (PLEASE CHECK ALL AREAS THAT YOU PROVIDE SERVICE FOR):

☐	Eastern U.S.	☐	Western U.S.	☐	Southeast
☐	Northeast	☐	South	☐	Midwest
☐	Canada	☐	Mexico		

ELECTRONIC DATA INTERCHANGE

Does your company have EDI capabilities? YES ☐ NO ☐

Does your company have experience with exchanging EDI Documents? YES ☐ NO ☐

If yes, please briefly describe: _____

Please check the standard data transmission sets your company can provide:

☐	204 Shipment Information	☐	210 Freight Invoice Detail
☐	820 Payment Remittance	☐	990 Acknowledgment of Tender
☐	997 Transmission Acknowledgment	☐	214 Shipment Status

Others: _____

Please provide name and telephone number for the EDI contact within your company: _____