

USA Management Systems- Carrier Profile:

Carrier Name: _____ DBA: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Website: _____ Owner/President/Principal: _____

Dispatch Contact: _____

Phone: _____ Email: _____ Fax: _____

Accounting Contact: _____

Phone: _____ Email: _____ Fax: _____

After hours number: _____

MC Number: _____ Carrier SCAC code: _____ Are you Smart Way certified? YES NO

Insurance Agent Name: _____ Phone: _____

Equipment Type and Services Provided - please describe lanes, type, quantity, modes, hazmat, etc. in the box below:

**This information will be used to help us determine future opportunities that may exist based on the services your company provides.

>Equipment (i.e. tractors, trailers, specialized, etc.):	Quantity:
>Service Lanes (i.e. preferred geographic lanes, states, etc.):	
>Other Comments:	

****If your account receivables department is different than your physical address, or if you are using a factoring company, please complete below****

Receivable/ Factoring Company Name: _____

Receivable Address: _____

City: _____ State: _____ Zip: _____