



A Quadrivius® Company.

Carrier Profile

Carrier Name: _____
SCAC: _____
Date: _____

Corporate Contacts:

Executive:

Contact:: _____ Email: _____
Phone #: _____ Fax #: _____
City: _____ State: _____

Operations:

Contact:: _____ Email: _____
Phone #: _____ Fax #: _____
City: _____ State: _____

Rates:

Contact:: _____ Email: _____
Phone #: _____ Fax #: _____
City: _____ State: _____

Safety:

Contact:: _____ Email: _____
Phone #: _____ Fax #: _____
City: _____ State: _____

Emergency:

Contact:: _____ Email: _____
Phone #: _____ Fax #: _____
City: _____ State: _____

Claims:

Contact:: _____ Email: _____
Phone #: _____ Fax #: _____
City: _____ State: _____

Please Attach Dispatch / Agent List With Phone Numbers and Locations

The following information is required in order for Pittsburgh Logistics Systems to better understand your company and how we can grow together.

Operational Equipment

	Company	I.C.
No. Tractors With Sleepers:	_____	_____
No. Tractors With Day Cabs:	_____	_____
No. Tractors Satellite Equipped:	_____	_____
No. Flatbed Trailers:	_____	_____
No. Stepdeck Trailers:	_____	_____
No. Van Trailers:	_____	_____
No. Hazmat Trained Drivers:	_____	_____
No. Trailers That Can Scale Over 50,000 Pounds:		_____

Other Special Equipment: _____

Freight Network

Major Customers:	City	State
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Desired Areas (Lanes) of Volume Growth: _____

	Fleet	Over Road	Local
Dead Head %	_____	_____	_____
Power Unit Revenue Goal Per Day	_____		Per Mile _____

Do you have any interest in PLS' Dedicated Program: _____
If Yes No. of Trucks: _____
(Company Trucks Only)

When completed, please fax to Nicole Lee at 877-766-1951. Any questions should be directed to Ken Parks at 724-709-9000 Ext. 2254