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CARRIER DATA SHEET

Dear Carrier:

Please complete the information needed below and forward back via fax to 540-722-0147.

Thank You

DATE: MC #:

CARRIER NAME:

ADDRESS:

CITY: State ZIP CODE:

TOLL FREE NUMBER: LOCAL NUMBER:

FAX:

SOLE PROPRIETER CORPORATION (Please check one)

EQUIPMENT TYPES(EX.48' OR 53' VANS, REEFERS, FLATBEDS)

HAZMAT LICENSED(please check one): YES NO

AREAS COVERED:

E-MAIL:

WEB ADDRESS:

LOAD POSTING SERVICES USED: