



802 Far Hills Drive
 New Freedom, PA 17349
 (888) 543-4286



Truckload Carrier Profile

TBB Global Logistics / Smokin' Stampede desires to pay all carrier partners correctly, and in a timely manner. We **MUST** have all of this information below completed before we can process your payments correctly. Failure to fill this information in correctly could result in payments being held or paid incorrectly:

Carrier Details:

Name:	Active: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	SCAC:	Date:
Owner:	Type:	Location Code:	
Name:	Address 1:	Address 2:	
City:	State:	Zip:	
Country: USA	Currency: USA - Dollars (USD)	Residential: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Contact:	Phone:	Fax:	
Email:	Comments:		

Modes: Drayage w/Chassis Drayage w/o Chassis Over Dimensional Door to Door Rail Standard Team

Carrier ID:	Federal EIN:	D-U-N-S Number:	USDOT:	MC Number:
Oversize Factor:				

Hazmat: Flammables Corrosives Poisonous Radioactive Dangerous Toxic Other:

Equipment:

Number of Power Units:	<input type="checkbox"/> Single Drop – 45 How many?
<input type="checkbox"/> Dry Van – 48 How many?	<input type="checkbox"/> Single Drop – 48 How many?
<input type="checkbox"/> Dry Van – 53 How many?	<input type="checkbox"/> Single Drop – 53 How many?
<input type="checkbox"/> Air Ride Van – 48 How many?	<input type="checkbox"/> Double Drop – 45 How many?
<input type="checkbox"/> Air Ride Van – 53 How many?	<input type="checkbox"/> Double Drop – 48 How many?
<input type="checkbox"/> Reefer – 48 How many?	<input type="checkbox"/> Double Drop – 53 How many?
<input type="checkbox"/> Reefer – 53 How many?	<input type="checkbox"/> Rail Container – 20 How many?
<input type="checkbox"/> Flat – 45 How many?	<input type="checkbox"/> Rail Container – 40 How many?
<input type="checkbox"/> Flat – 48 How many?	<input type="checkbox"/> Rail Container – 53 How many?
<input type="checkbox"/> Flat – 53 How many?	

Cargo Insurance:

Amount: USD	Company:	Expiration:
Contact Name:	Contact Phone:	

General Insurance:

Amount: USD	Company:	Expiration:
Contact Name:	Contact Phone:	

Auto Liability Insurance:

Amount: USD	Company:	Expiration:
Contact Name:	Contact Phone:	