



901 South Old Corry Field Road #4507
Pensacola, FL 32507

Email: info@hhexpress.org

Website: <https://hhexpressdispatch.com/>

Phone: (850) 291-0945 or (850) 777-7369

Carrier Profile Sheet

(All fields must be completed)

Carrier Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Office Number: _____
Cell Number: _____
Fax Number: _____
Website(If applicable): _____

Insurance Information:

Insurance Company: _____
Insurance Agency Contact: _____
Phone number: _____

Factoring Company:

Factoring Company Name: _____
Contact Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____
Fax Number: _____
Email: _____

Equipment Information: (if more than one please specify)

Truck and Trailer combo? Yes _____ No _____
Flat bed: _____
Dry Van: 48" _____ 53" _____
Reefer: 48" _____ 53" _____
Preferred states or lanes: _____
MC#: _____
USDOT: _____
SCAC Code: _____

Driver Information:

Contact name:	Phone number:	Email:	Copy of CDL attached? Y/N

****PLEASE COMPLETE THIS FORM AND EMAIL TO info@hhexpress.org****

For Office Use ONLY	
Received date: ___/___/___	
___ Carrier Profile Sheet	
___ W-9	
___ Insurance(Liability & Cargo)	
___ Signed Dispatch Agreement	
___ Active Authority	
___ POA	
Notes: _____	

	___ Initials