

Felicia's Freight, LLC Carrier Profile

- MC# _____
- DOT# _____

Company Name: _____
DBA: _____
Contact\Agent name: _____
Driver Name: _____
Physical Address: _____
City: _____ State: _____ Zip: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____

Preferred Freight: _____
Non-Preferred Freight: _____
Minimum Mileage Rate: _____

Factoring Information

Are your receivables factored? Yes | No

If yes, provide:

Factoring Company:
Name: _____
Address: _____
Phone: _____
Fax: _____
Email: _____

Insurance Information

Company Name: _____
Contact\Agent name: _____
Physical Address: _____ City: _____ State: _____ Zip: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____

I acknowledge all above information to be true and correct to the best of my knowledge.

Signature

Date

