

ASHTON

LOGISTICS

CARRIER PROFILE SHEET

General Information

Carrier Name:	<input type="text"/>	SCAC Code:	<input type="text"/>
Street Address:	<input type="text"/>	USDOT #:	<input type="text"/>
City, State, Zip:	<input type="text"/>	MC #:	<input type="text"/>
General Phone #:	<input type="text"/>	Reefer LTL Service (Y/N)?	<input type="text"/>
After Hours Phone #:	<input type="text"/>	Geographic Coverage of FTL & LTL Service:	<input type="text"/>
Website:	<input type="text"/>	Team Service (Y/N)?	<input type="text"/>
Terminal Locations:	<input type="text"/>	# of teams?	<input type="text"/>

Number of Tractors:	<input type="text"/>	Total Reefer:	<input type="text"/>	Total Dry Vans:	<input type="text"/>
Total # Trailers:	<input type="text"/>	53':	<input type="text"/>	53':	<input type="text"/>
		48':	<input type="text"/>	48':	<input type="text"/>

EDI Capability (Yes or No)	<input type="text"/>
Online Tracking Capability (Yes or No)	<input type="text"/>
SmartWay EPA Member (Yes or No)	<input type="text"/>

Dispatch

Primary Contact Name:	<input type="text"/>
Office Phone (extension?):	<input type="text"/>
Cell Phone:	<input type="text"/>
Email:	<input type="text"/>
Fax #:	<input type="text"/>

Secondary Contact Name:	<input type="text"/>
Office Phone (extension?):	<input type="text"/>
Cell Phone:	<input type="text"/>
Email:	<input type="text"/>

Operations Supervisor/Manager (issue resolution, corrective action mgt)

Contact Name:	<input type="text"/>
Office Phone (extension?):	<input type="text"/>
Cell Phone:	<input type="text"/>
Email:	<input type="text"/>

Pricing Analyst

Contact Name:	<input type="text"/>
Office Phone (extension?):	<input type="text"/>
Cell Phone:	<input type="text"/>
Email:	<input type="text"/>

Sales Representative

Contact Name:	<input type="text"/>
Office Phone (extension?):	<input type="text"/>
Cell Phone:	<input type="text"/>
Email:	<input type="text"/>