

# HUTT TRUCKING CARRIER PROFILE

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## SECTION A (Required)

CARRIER NAME \_\_\_\_\_

DBA (IF APPLICABLE) \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

GENERAL EMAIL ADDRESS \_\_\_\_\_

WEB SITE ADDRESS \_\_\_\_\_

OWNER/PRESIDENT/PRINCIPAL \_\_\_\_\_

*IF YOUR ACCOUNTS RECEIVABLES ADDRESS IS DIFFERENT THAN YOUR PHYSICAL STREET ADDRESS COMPLETE THE FIRST PART OF SECTION B.*

## SECTION B (Optional)

RECEIVABLE ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

## SECTION C (Required)

DISPATCHER/CONTACT \_\_\_\_\_  
(First) (Last)

LOCAL PHONE NUMBER \_\_\_\_\_ MC NUMBER \_\_\_\_\_

FAX NUMBER \_\_\_\_\_ F.I.D. NUMBER (EIN) \_\_\_\_\_

WATTS NUMBER \_\_\_\_\_ DRIVERS ALLOWED ADVANCES \_\_\_\_\_

EMERG/AFTER HOURS PH. NO. \_\_\_\_\_ DISPATCH ALLOWED ADVANCES \_\_\_\_\_

INSURANCE AGENT PHONE NO. \_\_\_\_\_ INS. AGENT'S NAME \_\_\_\_\_

LIABILITY COVERAGE \$ \_\_\_\_\_ CARGO COVERAGE (REQUIRED) \$ \_\_\_\_\_

NUMBER/ TRACTORS \_\_\_\_\_ NUMBER/VANS \_\_\_\_\_ NUMBER/REEFERS \_\_\_\_\_

SATELLITE EQUIPPED? \_\_\_\_\_ CELLPHONE EQUIPPED? \_\_\_\_\_