



Carrier Profile Information

Items marked with an asterisk () are required*

Please Complete and Return Via Fax to (775-852-6077) or email to:
Mike@CapurroTrucking.com

Vendor Name* : _____
Vendor Contact* : _____
Mailing Address* : _____
City* : _____ Phone 1: _____
State/Province* : _____ Phone 2: _____
Zip/Postal Code* : _____ Fax: _____
Country* : _____ Primary Email* : _____
USTax ID * (US Carriers): _____ A/R Contact* : _____
GST/HST * (Canadian Carriers): _____ A/R Email: _____
MC#* : _____ SCAC Code: _____ CVOR#* (Ontario, Canada)
:

Does this mailing address match the corporate address on your W-9?: Yes No
If answered no to above,
explain: _____

Remit To Address – Where would you like your payment sent? (If same as address above, write "SAME")

Payable To* : _____
Address* : _____
City* : _____ Phone 1: _____
State/Province* : _____ Phone 2: _____
Zip/Postal Code* : _____ Fax: _____
Country* : _____

* Pay Terms: Check One (Required):

- Standard Net 30 Terms
- Quick Pay 10 Day Terms Less 3%

Equipment:

Tractors:_____ # Teams:_____

E-Track Trailers:_____

#48' Dry Vans:_____ # 48' Reefers:_____

53' Dry Vans:_____ #53' Reefers:_____

Flatbeds:_____ # Step Decks_____

#Double Drops:_____ # RGN's:_____ Hazmat: Y/N

Any Additional equipment (not listed above)?_____

Commonly Run

Lanes:_____
