



## Carrier Profile Information

*Items marked with an asterisk (\*) are required*

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

Vendor Name\*: \_\_\_\_\_  
Vendor Contact\*: \_\_\_\_\_  
Mailing Address\*: \_\_\_\_\_  
City\*: \_\_\_\_\_ Phone 1: \_\_\_\_\_  
State/Province\*: \_\_\_\_\_ Phone 2: \_\_\_\_\_  
Zip/Postal Code\*: \_\_\_\_\_ Fax: \_\_\_\_\_  
Country\*: \_\_\_\_\_ Primary Email\* : \_\_\_\_\_  
US Tax 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: \_\_\_\_\_  
\_\_\_\_\_