



Carrier Profile Information

Items marked with an asterisk () are required*

Please Complete and Upload Via the upload form area on our website at capurrotrucking.com/careers/forms. If printing, please Fax to (775-852-6077) or email to: 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: Yes No

Any Additional equipment (not listed above)?

Commonly Run

Lanes: _____
