#### **F&S TRANSPORT AND LOGISTIX**

5826 New Territory Blvd. #1030 Sugar Land, TX 77479



# **Company Profile**

**Instructions:** Complete this form giving us all the information that pertains to you and your company. The better informed we are the better we will be able to assist you. This form should be updated (when necessary) and emailed to F&S Transport and Logistix, LLC.: <u>Admin@fandstransport.com</u>

| PART I: CARRIER INFORMATION SECTION         | ON                                                       |
|---------------------------------------------|----------------------------------------------------------|
| COMPANY:                                    | DBA (if any):                                            |
| EIN:                                        | SCAC CODE:                                               |
| MC NUMBER:                                  | DOT NUMBER:                                              |
| PHYSICAL ADDRESS:                           |                                                          |
| CITY, STATE:                                |                                                          |
| MAILING ADDRESS (IF DIFFERENT FROM          | M ABOVE):                                                |
| CITY, STATE:                                | ZIP:                                                     |
| PART II: CONTACT INFORMATION                |                                                          |
| MAIN CONTACT:                               | PHONE:                                                   |
| EMAIL:                                      |                                                          |
| DRIVER INFORMATION:                         | PHONE:                                                   |
| EMERGENCY CONTACT:                          | PHONE:                                                   |
| brokers that are approved by your factoring | de us the following information. This will ensure we use |
| MAIN CONTACT:                               |                                                          |
| EMAIL:                                      |                                                          |
| ADDRESS:                                    |                                                          |
| CITY STATE:                                 | 7ID:                                                     |





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| PART IV: INSURANCE COMPANY INSURANCE COMPANY:                      |                       |
|--------------------------------------------------------------------|-----------------------|
| MAIN CONTACT:                                                      | PHONE:                |
| EMAIL:ADDRESS:                                                     |                       |
| CITY, STATE:                                                       | ZIP:                  |
| PART V: SPECIALIZATION (PLEASE CHECK WHICH APPL<br>TWIC CERTIFIED: | IES) EXPIRATION DATE: |
| HAZMAT CERTIFICATION:                                              |                       |
| PART VI: EQUIPMENT SECTION NUMBER OF TRUCKS:                       | OWNER OPERATORS:      |
| NUMBER OF TEAMS:                                                   |                       |
| NUMBER OF TRAILERS:                                                | OTHER:                |
| FLATBED:                                                           |                       |
| REEFERS:                                                           |                       |
| STEP DECK:                                                         |                       |
| VAN:                                                               |                       |
| PART VII: DETAILED DESCRIPTION OF EQUIPMENT WEIGHT LIMITS:         |                       |
| LENGTH:                                                            | WIDTH:                |
| HEIGHT:                                                            | PALLETS:              |
| TARPS:                                                             | STRAPS:               |
| ADDITIONAL INFORMATION:                                            |                       |





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## PART VIII: RATE HAUL INFORAMTION

(Please give us your minimum rate information. We understand that many factors will change this information, but this will give us a starting point)

| MINIMUM RATE PER MILE:                                                                                                                                                                                                  |                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| MAX PICKS:                                                                                                                                                                                                              | MAX DROPS:                |
| \$ PER PICK/DROP:                                                                                                                                                                                                       | DRIVER TOUCH:             |
| COMMENTS:                                                                                                                                                                                                               |                           |
|                                                                                                                                                                                                                         |                           |
|                                                                                                                                                                                                                         |                           |
|                                                                                                                                                                                                                         |                           |
| PART IX: SERVICE AREAS OF OPERATION (Please check all that apply so we can ensure to stay where y                                                                                                                       | you are most comfortable) |
| <b>WEST COAST:</b> Arizona, California, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming, Colorado                                                                                                 |                           |
| MIDWEST:<br>Illinois, Indiana, Iowa, Minnesota, South Dakota, North<br>Dakota, Kansas, Nebraska, Missouri, Michigan, Ohio,<br>Wisconsin                                                                                 |                           |
| <b>SOUTH:</b> Alabama, Arkansas, Delaware, the District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia. |                           |
| NORT/EASTCOAST: Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont                                                                                             |                           |
| Canada (list provinces):                                                                                                                                                                                                | Mexico:                   |
| EXCEPTIONS:                                                                                                                                                                                                             |                           |
|                                                                                                                                                                                                                         |                           |
| Office Use Only:                                                                                                                                                                                                        | Undated on                |



