



Z Transport & Logistics LLC

CARRIER PROFILE SHEET

CARRIER NAME: _____

CARRIER SCAC: _____

FEDERAL ID#: _____

* PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OPERATIONS CONTACT: _____ PHONE NO. _____

EMAIL: _____ FAX NO: _____

WEBSITE: _____

* MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

* RECEIVABLES ADDRESS (if different): _____

CITY: _____ STATE: _____ ZIP: _____

RECEIVABLES CONTACT: _____ PHONE NO: _____

EMAIL: _____ FAX NO: _____

PLEASE RETURN TO Z TRANSPORT & LOGISTICS LLC VIA FAX 888-711-6797.