

CTC Transportation

Customer Profile Form

Date: _____

Customer Name _____

Contact Name _____

Phone # _____ Cell # _____ Fax # _____

EIN/SS# _____

Mailing address _____

City _____ State _____ Zip _____

Billing address _____

City _____ State _____ Zip _____

Number of Shipments per week _____ Avg. weight _____ Hazmat Y/N

Current cost per mile or (Flat rate) _____

Commodity (i.e. auto parts, food etc.) _____

How would you like to send loads to us? ___ fax ___ email ___ phone ___ internet

Normal ship form address _____