



## CARRIER PROFILE FORM

To assist us in the set-up of your account for payment please take a few minutes to complete the form below. A copy of your **Operating Authority, COI with The Match Maker, Inc. as the holder, W-9 form, and Match Maker Broker-Carrier Agreement** must also be attached to this form to ensure that your account is set-up accurately.

Company Legal Name: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Accounts Receivable Contact Name & Phone: \_\_\_\_\_

Dispatch Contact Name & Phone: \_\_\_\_\_

Are your receivables factored or assigned? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please fill out the following information:

Name of Factoring Company: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address to Mail Payment: \_\_\_\_\_

Business Type:	Individual/Sole Proprietor Corporation	Partnership Limited Liability Company (LLC)
MC/FF#: _____	Authority Type:	Contract      Common
EIN#: _____		Broker Freight      Forwarder
Would you like additional info on:	Transportation Factoring Licensing/Permitting (permits, BOC-3, authority, DOT, IFTA, etc)	Truck Insurance Transportation Consulting

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