



## 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      Partnership  
                                 Corporation      Limited Liability Company (LLC)

MC/FF#: \_\_\_\_\_ Authority Type:      Contract      Common

EIN#: \_\_\_\_\_      Broker Freight      Forwarder

# of Tractors: \_\_\_\_\_ # of Trailers: \_\_\_\_\_ Van \_\_\_\_\_ Flatbed \_\_\_\_\_ Reefer \_\_\_\_\_

Would you like additional info on:      Transportation Factoring      Truck Insurance

Licensing/Permitting  
(permits, BOC-3, authority, DOT,  
IFTA, etc)

The Match Maker, Inc  
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