

Trucking Reference

Contractor/Motor Carrier

Customer/Member

Name: _____

Name: _____

Address: _____

Address: _____

Phone #- _____

Spoke With: _____

How long with you? _____

How many trucks leased/operating with you? _____

Conditions of the trucks? _____

Type of cargo? _____

Type of contract? _____

Expiration date of leased contract? _____

Long haul or short haul? _____

Estimated income? _____

Any other comments? _____

By: _____

Date: _____