



AGENT / AGENCY APPLICATION

OWNER INFORMATION

Note: An Agent Profile must be completed on each partner or owner of the agency.

A. Personal Information

Name _____ Social Security # _____

Address _____ City _____ State _____ Zip _____

Date of Birth ____ / ____ / ____

How long at this address? _____ Own Rent Home Telephone # _____

Automobile _____ Buying Leasing
Make _____ Model _____ Year _____

B. Education

Last year completed in school _____ years completed _____

Name and address of school _____

C. Drivers License Information

State _____ Type _____ Number _____ Expiration Date _____

D. Other Information

Any criminal convictions? (Give complete details including dates, nature of offense and sentence imposed.)

Yes No

Ever been denied bonding? (Give complete details including bonding company and reason for decline.)

Yes No

Any history of bankruptcy? (Give complete details including dates.)

Yes No

Any lawsuits pending or filed against you? (Give complete details including name of attorney, nature of suit, etc.)

Yes No

E. Present and Previous Employment History

1.

Name	Telephone #	Date From / To
Address		Reason for Leaving

2.

Name	Telephone #	Date From / To
Address		Reason for Leaving

3.

Name	Telephone #	Date From / To
Address		Reason for Leaving

F. Emergency Contact (Persons not living with you to be contacted in an emergency.)

<u>Name</u>	<u>Address</u>	<u>Phone #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above application are true and complete. I understand that if I become an agent, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial credit record through any investigative or credit agencies or bureaus of your choice.

Signature of Applicant

Date

AGENCY INFORMATION

A. Background Information

Name of Agency _____

Physical Address _____
Street City State Zip

Mailing Address _____
Street City State Zip

Office Phone # _____ 800 # _____ Fax _____

Email Address _____ Email Address #2 _____

Sole Proprietorship Partnership Corporation

Date Formed _____ Federal ID/Social Security # _____

B. Major Customers and Commodities

Name	City / State	Commodities	Equipment Type
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. Equipment Detail (Owned or Leased) (Attach list if more space is needed.)

Year	Make	Model	Serial
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

D. Other Information

Ever been denied bonding? (Give complete details including bonding company and reason for decline.)

Yes No

Any history of bankruptcy? (Give complete details including dates.)

Yes No

What percent of your business comes from brokers / logistics companies?

Yes

No

Any lawsuits pending or filed against agency? (Give complete details including name of attorney, nature of suite, etc.)

Yes

No

E. Agency History (Include present and former carriers represented.) (Note: Present carriers will not be contacted without your permission.)

1.

Carrier Name

Contact

Telephone #

Date From / To

Address

Comm. Rate

Reason for Leaving

2.

Carrier Name

Contact

Telephone #

Date From / To

Address

Comm. Rate

Reason for Leaving

3.

Carrier Name

Contact

Telephone #

Date From / To

Address

Comm. Rate

Reason for Leaving

F. Terminal Personnel

Name

Address

Telephone #

Position

WHAT DO WE HAVE TO DO TO DOUBLE THE YOUR BUSINESS?
