



NATIONAL FORWARDING CO., INC.

2800 ROOSEVELT ROAD • BROADVIEW, ILLINOIS 60155

TELEPHONES: (708) 345-0550 1-800-323-9125 FAX (708) 345-3245

AGENT QUESTIONNAIRE

The purpose of this application is to obtain information for our agent database so we can adequately assess your needs and capabilities. Please complete the form by filling in the information requested and/or checking any applicable boxes and return it to Agency Services. Please mail, e-mail or fax (**both sides**) to 708-345-9112. The email address is agencyservices@nationalvanlines.com

Name & Physical Address

Mailing Address *(If different than physical address)*

Contact Information: *please provide as much information as possible to ensure that our files are complete.

<p>Main Phone: _____</p> <p>Main Fax: _____</p> <p><u>Additional Addresses (if Applicable)</u></p> <p>Warehouse: _____ _____ _____</p> <p>Remittance: _____ _____ _____</p> <p>Corporate HQS: _____ _____ _____</p>	<p>Principal Contact: _____</p> <p>Email: _____</p> <p>Ext: _____</p> <p>(All general emails are directed to Principal Contact)</p> <p>Dispatch Contact: _____</p> <p>Email: _____</p> <p>Ext: _____</p> <p>(All shipment info emails are directed to Dispatch Contact)</p> <p>Billing Contact: _____</p> <p>Email: _____</p> <p>Ext: _____</p> <p>Claims Contact: _____</p> <p>Email: _____</p> <p>Ext: _____</p> <p><u>EMERGENCY CONTACT:</u> _____</p> <p>Home or Cell Phone: _____</p>
--	---

Warehouse Information:

Equipment:

<p>How many square feet? _____</p> <p>Containerized: <input type="checkbox"/></p> <p>If checked, how high can you stack? _____</p>	<p><i>Facility has:</i></p> <p>Dock: _____</p> <p>Scale: _____</p> <p>Fenced Yard: _____</p> <p>Facilities for crating: _____</p>	<p><i>Construction:</i></p> <p>Brick: <input type="checkbox"/></p> <p>Cement Block: <input type="checkbox"/></p> <p>All Metal: <input type="checkbox"/></p> <p>Frame: <input type="checkbox"/></p>	<p><i>(Insert number on line)</i></p> <p>Fork Lift: _____</p> <p>Pack Vans: _____</p> <p>Straight Trucks: _____</p> <p>Tractors: _____</p> <p>Trailers: _____</p>
--	---	--	---

Type of Ownership:

Sole Proprietor <input type="checkbox"/>	Partnership <input type="checkbox"/>	Corporation <input type="checkbox"/>	DUNS No. _____	What year did your company open? _____
Small business <input type="checkbox"/> <i>(revenue less than \$18.5 million per year)</i>	Small disadvantaged business <input type="checkbox"/> <i>(more than 50% ownership by African American, Hispanic or American Indian)</i>	Women-Owned Business <input type="checkbox"/>	Registered with Small Business Administration <input type="checkbox"/>	

Employee Information:

Numer of Employees (Insert number on line):

Packers: _____ Drivers: _____ Warehouse: _____ Office: _____

Employee Requirements (Check all that apply):

QC Program: Training Program: Uniform required: Background Check: Drug Test:

Area(s) Served:

Current Representation:

Business Mix:

<p><i>What Military bases do you now serve as an origin agent?</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p><i>What Military bases do you now serve as a dest. agent?</i></p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Prime for: _____</p> <p>Military Carriers:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Do you have an NTS contract? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Do you have a pack and crate or local move contract? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Of your long distance business, how much is devoted to <i>(just provide rough estimates totaling 100%)</i>:</p> <p>Domestic/Military _____% COD _____%</p> <p>National Acct. _____% Civ. Int'l _____%</p> <p>Int'l/Mil.HHG _____% GSA _____%</p> <p>Int'l/Mil.UB _____% Other _____%</p>
---	--	--

Hauling Support:

I don't haul at all:

If you do haul, do you provide:

Short haul -

Long haul -

Number of drivers qualified for interstate service: _____

Hauling Authority used: My Own My DOD Approved SCAC _____

Other carrier Other carrier's name & SCAC: _____

CARB Compliant? (circle one) YES NO PARTIAL

Affiliated Companies:

1.	5.
2.	6.
3.	7.
4.	8.

Civic Awards, Certifications, Organizational Memberships:

Brief Company History:

Please enter date: ____/____/20__ Completed by: _____