

NATIONAL FORWARDING CO., INC.

2800 ROOSEVELT ROAD • BROADVIEW, ILLINOIS 60155 TELEPHONES: (708) 345-0550 1-800-323-9125 FAX (708) 345-3245

HAULING QUESTIONNAIRE

The purpose of this application is to obtain information for our 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: agencyservices@nationalforwarding.com.

Name & Physical Address:	Mailing Address (If different than physical address):		
Contact Information: *please provide as m	nuch information as possible to ensure that our files are complete.		
Main Phone:	Principal Contact:		
	Email:		
Main Fax:	Ext:		
	(All general emails are directed to Principal Contact)		
Additional Addresses (if Applicable):			
Warehouse:	Dispatch Contact:		
	Email:		
	Ext:		
	(All shipment info emails are directed to Dispatch Contact)		
Remittance:	Billing Contact:		
	Email:		
	Ext:		
g	Claims Contact:		
Corporate HQS:	Email:		
	Ext:		
	EMERGENCY CONTACT:		
	Home or Cell Phone:		
Operational Authority:			
MC Number:			
	ority to haul military shipments? Yes: No:		
•	pments previously? Yes: No:		

Employee Information: Numer of Employees (Insert numbe	r on lina):				
Local Drivers:		erc.	Office:		
Employee Requirements (Check al		C15	Office.		
		quired:	Background Check:	Drug Test:	
ec rrogramrram		quirea.	Buckground Check.		
Hauling Details:					
Do you provide:	Hauling radius:				
Short haul:					
Long haul:	Number of drivers q	ualified for inte	erstate service:		
Pack & Haul:	CARB Compliant?	CARB Compliant? Yes: No:			
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Affiliated Companies: 1. 2. 3. 4. Brief Company History /	Awards / Certifications / C	6. 7. 8.	nal Memberships:		
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