

# Clipper Exxpress, Inc.

## Highway Services Division

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### Agent Qualification

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: \_\_\_\_\_ E Mail Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Are you currently an agent? Yes \_\_\_ No \_\_\_ Company name? \_\_\_\_\_

Do you have your own operating authority? \_\_\_ MC #: \_\_\_\_\_

How many loads are you currently moving? Week \_\_\_\_\_ month \_\_\_\_\_ year \_\_\_\_\_

Average total revenue/month: \$ \_\_\_\_\_ Average gross margin/month: \_\_\_\_\_

Do you have a current truck following? \_\_\_\_\_ Number of carriers \_\_\_\_\_

Do you manage any Owner Operators exclusively? How many# \_\_\_\_\_

What services do you provide now? (i.e. dry vans, reefers, flatbeds, LTL, intermodal)

\_\_\_\_\_

How broad is your current customer base? Total #: \_\_\_\_\_ Revenue/Top 10: \_\_\_\_\_

How do you qualify your accounts for credit before accepting any freight?

\_\_\_\_\_

Average days outstanding on receivables? 30 days \_\_\_ 45 days \_\_\_ 60 days \_\_\_

Are there judgments pending against either the company or yourself? If so describe.

\_\_\_\_\_

Federal Tax Identification # \_\_\_\_\_ Preferred starting date \_\_\_\_\_

Your signature: \_\_\_\_\_ Date \_\_\_\_\_

Accepted by: \_\_\_\_\_ Date \_\_\_\_\_

**(Please fax completed application to Manager, Agent Relations – (630) 739-1817)**

***CLIPPER EXXPRESS***