

For {Agent # \_\_\_\_\_  
Missoula {Speed Dial # \_\_\_\_\_  
Use Only {Comdata Card # \_\_\_\_\_

Date: \_\_\_\_\_  
Region: \_\_\_\_\_  
Regional Rep: \_\_\_\_\_



**SAMMONS TRUCKING**  
New Agent / Agency Profile

**AGENCY PROFILE**

Agency Name: \_\_\_\_\_

How will agency be set up? *(Please circle one)*      Sole Proprietorship      Partnership      Corporation

Date Formed \_\_\_\_\_      SS/FEIN #: \_\_\_\_\_

Business Name: *(Physical address)*

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office Phone #: \_\_\_\_\_ Toll Free: \_\_\_\_\_ Fax: \_\_\_\_\_

After Hours Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Type of Business:

Flatbed: \_\_\_\_\_ Stepdeck: \_\_\_\_\_ Heavy Haul/Specialized: \_\_\_\_\_

Type(s) of freight? \_\_\_\_\_

States where loads originate: \_\_\_\_\_

Agency Personnel:

Operations: \_\_\_\_\_

Sales: \_\_\_\_\_

**Major Customers and Commodities**

<u>Name</u>	<u>City/State</u>	<u>Commodities %</u>	<u>Flat/Van/Reefer</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Equipment Detail** *(Owned or Leased – Attach list if more space is needed)*

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Serial #</u>
_____	_____	_____	_____
_____	_____	_____	_____

**Equipment Detail** (Owned or Leased – Attach list if more space is needed)(Continued)

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Serial #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Other Information:**

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

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

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

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

**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	Commission Rate	Reason for leaving	

(2)			
_____	_____	_____	_____
Carrier Name	Contact	Telephone #	Date (From/To)
_____	_____	_____	_____
Address	Commission Rate	Reason for leaving	

(3)			
_____	_____	_____	_____
Carrier Name	Contact	Telephone #	Date (From/To)
_____	_____	_____	_____
Address	Commission Rate	Reason for leaving	

**Additional Agency Information**

Estimated yearly revenue wth STC: \_\_\_\_\_

Trucks \_\_\_\_\_ Owner Operator \_\_\_\_\_  
Owned: \_\_\_\_\_ Signing on: \_\_\_\_\_ controlling: \_\_\_\_\_ Signing On: \_\_\_\_\_

Estimated yearly brokerage revenue: \_\_\_\_\_

Own Operating Authority? \_\_\_\_\_ Own Brokerage Authority? \_\_\_\_\_

**Terminal Personnel**

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Name	Address	Phone #	Position
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Name	Address	Phone #	Position
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Name	Address	Phone #	Position
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What can we do to double the agent's business?

**AGENT PROFILE**

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

**Personal Information**

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_ / \_\_\_ / \_\_\_ How long at this address? \_\_\_\_\_

Home telephone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

**Drivers License Information**

State	Type	Number	Exp Date

**Other Information**

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

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

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

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

**Present and Previous Employment History**

(1)

Name	Phone #	Date from/to

Address	Reason for leaving

(2)

Name	Phone #	Date from/to

Address	Reason for leaving

**Present and Previous Employment History** *(Continued)*

(3)

Name	Phone #	Date from/to
Address	Reason for leaving	

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

Name	Address	Phone #

**APPLICANTS 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
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Truckline Commission % \_\_\_\_\_ Brokerage: \_\_\_\_\_ Minimum: \_\_\_\_\_

Computer Set up: \_\_\_\_\_ DAT Program? Yes / No Monthly Fee: \_\_\_\_\_

\_\_\_\_\_  
Regional Approval

\_\_\_\_\_  
Corporate Approval