



Agent Questionnaire

PROFILE

Region: _____ Date: _____ Region Rep: _____

Expected sign-on date: _____

Business Name: _____

Physical Street Address: _____ City, State, Zip: _____

Mailing Address: _____ City, State, Zip: _____

How will agency be set up?: Individual C Corporation S Corporation Partnership LLC

The only agency entity type that will be accepted are the C Corporation or the LLC.

State of Incorporation: _____ Do you factor your receivables? YES NO

Federal I.D.#: _____ SS.#: N/A

Office Phone: _____ Fax: _____

Cell Phone: _____ Freight/Truck Board Phone: _____

Email: _____

AGENCY PERSONNEL

Owner(s): _____

Operations: _____

Sales: _____

Safety: _____

Other Personnel: _____

TYPE OF BUSINESS (Percentages)

_____ % Van _____ % Flatbed _____ % Specialized _____ % Reefer _____ % Container



TRUCKLINE

1. What is your annual Truckline revenue? _____
2. How many trucks do you own? _____
3. How many trailers do you own? _____
4. Will you require rental trailers? NO YES – Type: _____ Quantity: _____
5. How many Company Drivers? _____
6. How many domiciled Owner Operators? _____
7. What is your average revenue per load? _____
8. What type of operation? Van Flatbed Specialized Reefer Other _____
9. What is the average annual revenue per Power Unit? _____
10. What is the average cargo value per load? _____
11. Are any of the commodities considered Hazardous? YES NO

BROKERAGE

1. What is the annual gross revenue on your Brokerage business? _____
2. What type of freight are you currently brokering (flat, van, etc.)? _____
3. What type of commodities are you currently brokering? _____
4. What is your average revenue per load (customer billing)? _____
5. What is the average cost of your Purchased Transportation (% paid to Carrier)? _____
6. How many loads do you broker on an annual basis? _____
7. Are any of the commodities considered Hazardous? YES NO

GENERAL

1. Are you currently an Agent for another Carrier? NO YES – Who? _____
2. Are you under any type of agreement that would prohibit you from negotiating with King Cole Express Brokerage Inc (non-compete, exclusivity)? NO YES – When does contract expire? _____
3. Are you or any relative working or associated with KCEBI? NO YES – Explain: _____
4. In which region(s) of the country are you currently operating? _____
5. Will you be dispatching trucks into Canada? NO YES
If YES, which provinces: _____
6. Will you be relying on your Carrier to assist you in keeping your trucks loaded? NO YES
If YES, in what areas? _____
7. What percentage of your freight requires system truck support? _____%
In what areas? _____

ADDITIONAL COMMENTS



Agent Questionnaire

WORK / BUSINESS HISTORY — PREVIOUS 5 YEARS

BUSINESS / EMPLOYER		
Name:	DATES FROM: Mo – Yr –	DATES TO: Mo – Yr –
Street Address:	Position Held:	
City: State: Zip:	Compensation:	
Contact Person: Phone Number:	Reason for Leaving:	

BUSINESS / EMPLOYER		
Name:	DATES FROM: Mo – Yr –	DATES TO: Mo – Yr –
Street Address:	Position Held:	
City: State: Zip:	Compensation:	
Contact Person: Phone Number:	Reason for Leaving:	

BUSINESS / EMPLOYER		
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Street Address:	Position Held:	
City: State: Zip:	Compensation:	
Contact Person: Phone Number:	Reason for Leaving:	



Agent Questionnaire

King Cole Express Brokerage Inc New Agent Customer List

Please list your top customers. We will need the customer's name, full address, phone number and requested credit limit.

Agent's Name: _____ Phone Number: _____

1 Customer's Name:
Street Address:
City: State: Zip:
Requested Credit Limit: Contract? <input type="checkbox"/> YES <input type="checkbox"/> NO

6 Customer's Name:
Street Address:
City: State: Zip:
Requested Credit Limit: Contract? <input type="checkbox"/> YES <input type="checkbox"/> NO

2 Customer's Name:
Street Address:
City: State: Zip:
Requested Credit Limit: Contract? <input type="checkbox"/> YES <input type="checkbox"/> NO

7 Customer's Name:
Street Address:
City: State: Zip:
Requested Credit Limit: Contract? <input type="checkbox"/> YES <input type="checkbox"/> NO

3 Customer's Name:
Street Address:
City: State: Zip:
Requested Credit Limit: Contract? <input type="checkbox"/> YES <input type="checkbox"/> NO

8 Customer's Name:
Street Address:
City: State: Zip:
Requested Credit Limit: Contract? <input type="checkbox"/> YES <input type="checkbox"/> NO

4 Customer's Name:
Street Address:
City: State: Zip:
Requested Credit Limit: Contract? <input type="checkbox"/> YES <input type="checkbox"/> NO

9 Customer's Name:
Street Address:
City: State: Zip:
Requested Credit Limit: Contract? <input type="checkbox"/> YES <input type="checkbox"/> NO

5 Customer's Name:
Street Address:
City: State: Zip:
Requested Credit Limit: Contract? <input type="checkbox"/> YES <input type="checkbox"/> NO

10 Customer's Name:
Street Address:
City: State: Zip:
Requested Credit Limit: Contract? <input type="checkbox"/> YES <input type="checkbox"/> NO



**DISCLOSURE AND AUTHORIZATION PERTAINING TO CONSUMER REPORTS
PURSUANT TO THE FAIR CREDIT REPORTING ACT (FCRA), 15 USC §1681A**

A required component of your application to become an agent of King Cole Express Brokerage Inc (King Cole) is an inquiry with a credit bureau. Under the provisions of the FCRA, King Cole may not obtain the report unless:

- “a clear and conspicuous disclosure has been made in writing to the consumer at any time before the report is procured or caused to be procured, in a document that consists solely of the disclosure, that a consumer report, may be obtained for employment purposes”; and
- “the consumer has authorized in writing the procurement of the report by that person.”

This **Disclosure and Authorization Pertaining to Consumer Reports Pursuant to the Fair Credit Reporting Act** must be signed so King Cole can conduct an inquiry with a credit bureau and complete its investigation.

This is a release for King Cole to obtain one or more consumer / credit reports about you for an investigation in connection with your application to become an agent of King Cole. One or more reports about you may be obtained for this purpose, including evaluation your suitability to become an agent.

I, _____, hereby authorize King Cole to obtain such report(s) from any consumer/credit reporting agency for employment purposes. This authorization is valid for five (5) years from the signed date, or upon the termination of my agency agreement with King Cole, or until King Cole has completed its investigation, whichever is sooner. If another consumer/credit report is required by King Cole, I understand that I will be required to complete a new authorization.

Name: _____ Social Security Number: _____

Home Street Address: _____

City, State, Zip: _____

Date of Birth: _____ Driver License Number: _____ State: _____

Applicant Signature

Date

NOTE: If multiple owners, each owner must complete this form. Photocopies are acceptable.