## SINGLE POINT LOGISTICS AGENT APPLICATION

| Full Legal Name: | Date: |
|---|---|

| Current or Prior Business Name(s): | Years in Business: |
|---|---|

Business Structure: ❑ Corporation ❑ Limited Liability Company
❑ Sole Proprietor (DBA) ❑ Partnership ❑ N/A

| Fed ID #: | SSN: |
|---|---|
| USDOT Number | MC Number: |
| Authorized Contact: | Relationship: |

Business Address:

| City: | State: | Zip: |
|---|---|---|

Home Address:

| City: | State: | Zip: |
|---|---|---|

| Office Phone: | Cell Phone: |
|---|---|

Email Address:

| List type(s) of freight hauled: | Average Customer Monthly Amount: $ |
|---|---|

### Please answer the following questions (Yes or No):

| Question | | | |
|---|---|---|---|
| Have you or has your company ever filed for bankruptcy? | ❑ YES | ❑ NO | Year: |
| Do you or does your company have any past due Federal or State Taxes? | ❑ YES | ❑ NO | |
| Are there any UCC filings against you or against your company? | ❑ YES | ❑ NO | |
| Are there any liens against you or against your company? | ❑ YES | ❑ NO | |
| Have you or has your company ever used or currently using a factoring company? | ❑ YES | ❑ NO | Company: |

How did you hear about us?

I/WE HAVE BEEN TOLD AND DO UNDERSTAND THAT THE SUBMISSION OF AN APPLICATION FOR AGENCY DOES NOT MEAN THAT COMPANY WILL PROVIDE ANY SERVICES/OBLIGATIONS WHATSOEVER. I/WE HAVE BEEN TOLD AND DO UNDERSTAND THAT APPROVAL MAY COME ONLY AFTER THE APPLICATION AND ACCOUNTS OFFERED ARE APPROVED IN ACCORDANCE WITH THE TERMS OF SBL'S AGENT CONTRACT. THE ABOVE STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY/OUR INFORMATION AND BELIEF. THIS SERVES AS MY/OUR PERMISSION FOR THE RELEASE OF ANY INFORMATION REGARDING THIS APPLICATION FOR THE PURPOSES OF CREDIT INVESTIGATION, GATHERING, REPORTING OR THE LIKE TO SBL LOGISTICS.

I/We understand that Single Point Logistics is only considering providing services in a commercial transaction relationship and Applicant hereby states, warrants and agrees that any transaction will be for commercial purposes only and not household, consumer or personal use.

| Print Name: | Signature: | |
|---|---|---|
| Company Name (If Applicable): | Title: | Date: |