

ANDERSON TRANSPORTION AND LOGISTICS, LLC
AGENCY APPLICATION

COMPANY INFORMATION

Agent of Record:

Agency/Company Name:

Address:

City:

State:

Zip:

Physical Address:

City:

State:

Zip:

Fed ID#

SS#

CONTACT INFORMATION

Phone#1 (800)

Phone (local)

Fax#

E-Mail Address:

Dispatcher (s):

Dispatcher Phone #:

PERSONAL INFORMATION

Home Address:

City:

State:

Zip:

Home Phone#:

SSN#

Birthdate:

DL#:

DL State:

List any current or prior agency affiliations:

What type of freight do you move?

What type of equipment do you use most?

List the areas of the county where the majority of your freight is generated from?

How much freight do you broker?

How much will you broker with ATL?

Where is your business going to be located? Home Office Complex

What kind of Internet connection do you have? (Dial-up, DSL, Cable, other_____)

What was your net revenue last year?

What is your current average margin (%)

What are you projecting your net revenue will be if you were with ATL?

How many loads did you move last month?

How many loads do you project you will move the first month with ATL?

Why are you interested in becoming a member of the ATL team?

What do you think we need to do as the parent company that would help you be more successful in this business relationship?

PLEASE FAX TO: 864-964-0854 OR mail to:
ATL
3300-D N. Main St, PMB-343
Anderson, SC 29621

