

Transport Investments, Inc.
AGENT/AGENCY PROFILE

This is not an application for employment.

Carrier or 3PL to which you are applying (Check One): American Transport ___ Greentree Transportation ___
Aetna Freight Lines ___ Marathon Transport ___ TII Logistics ___

AGENT PROFILE

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

A. Personal Information

Name _____ Social Security # _____

Address _____ City _____ St _____ Zip _____

Date of Birth ___/___/___ Home Phone # _____

How long at this address? _____ Own Rent Cell Phone # _____

Automobile _____ Buying Leasing
 Make Model Year

B. Education

Last year completed in school _____ years completed _____

Name and Address of School _____

C. Drivers License Information

_____ State _____ Type _____ Number _____ Exp. Date _____

D. 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).

E. Present and Previous Employment History

1.

Name	Telephone #	Date From/To
Address	Reason for Leaving	

2.

Name	Telephone #	Date From/To
Address	Reason for Leaving	

3.

Name	Telephone #	Date From/To
Address	Reason for Leaving	

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

Name	Address	Telephone #

APPLICANT'S CERTIFICATION AND AGREEMENT

I understand that this is not an application for employment, and that any work would be performed as an independent contractor on a commission-only basis. 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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AGENCY PROFILE

A. Background Information

Name of Agency _____

Address (Physical) _____
Street City State Zip

Address (Mailing) _____
Street City State Zip

Office Phone# _____ 800# _____ Fax# _____

Email Address _____ Email Address#2 _____

Sole Proprietorship

Partnership

Corporation

Date Formed _____ Federal ID/Social Security# _____

B. Major Customers and Commodities

Name	City/State	Commodities	%	Flat/Van/Reefer
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

C. Equipment Detail (Owned or Leased) (Attach list if more space is needed)

Year	Make	Model	Serial#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

D. 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).

E. 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	Comm. Rate	Reason For Leaving	

2.

Carrier Name	Contact	Telephone #	Date From/To
Address	Comm. Rate	Reason For Leaving	

3.

Carrier Name	Contact	Telephone #	Date From/To
Address	Comm. Rate	Reason For Leaving	

F. Terminal Personnel

Name	Address	Telephone #	Position
Name	Address	Telephone #	Position

WHAT CAN WE DO TO HELP YOU INCREASE YOUR REVENUES AND/OR PROFITABILITY?

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Signature of Applicant

Date



DISCLOSURE AND AUTHORIZATION
IMPORTANT— PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Aetna Freight Lines ("the Company" or "Employer") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with employers and/or associates.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly. By signing below, you also acknowledge receipt of Article 23-A of the New York Corrections Law.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. []

California applicants or employees only: By signing below you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law. []

Applicant Signature _____ Date: ___/___/___

NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW

Employer (the "Company") intends to obtain information about you from an investigative consumer reporting agency and/or a consumer credit reporting agency for employment purposes. Thus, you can expect to be the subject of "investigative consumer reports" and "consumer credit reports" obtained for employment purposes.

The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
A summary of all information contained in the ICRA's file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
By requesting a copy be sent to a specified addressee by certified mail. ICRA's complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA's.

Applicant Signature _____ Date: ___/___/___

TO BE COMPLETED BY APPLICANT

The Following Information Is True And Correct To The Best Of My Knowledge And Will Be Used For Background Screening Purposes Only. Please Use an Ink Pen and Print Clearly. Use "UPPER CASE" Letters. One Letter Per Block.

Form with fields for Last Name, First Name, Middle Name, Other Last Names Used, Current Address, City, Date of Birth, Social Security No., Driver's License No., Home Phone, Cell Phone, and Other States and Counties I Have Lived.

**Request for Taxpayer
Identification Number and Certification**

Give form to the
requester. Do not
send to the IRS.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box: Individual/Sole proprietor Corporation Partnership
 Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ Exempt payee
 Other (see instructions) ▶

Address (number, street, and apt. or suite no.) **Requester's name and address (optional)**

City, state, and ZIP code

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

or

Employer identification number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here **Signature of U.S. person** **Date**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,