PRE-QUALIFICATION APPLICATION
FREIGHT BROKER AGENT
PACK LOGISTICS, INC

Applicants are considered for Brokerage Agents without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap. Please complete this form and fax it to (847) 649-2122 or email to operations@packlogistics.com

Name:_____
(Last) (First) (Middle)
Business Name (and/d.b.a.)_____

SS #_____ FEIN _____

Address:_____

Telephone:_____Fax_____Cell phone:_____

Number of years in business: Brokering _____ Trucking_____

Average number of moves per week:_____

Gross yearly sales:_____ Net yearly profit:_____

Type of Freight in % handled:

Flatbed_____ Other_____

Dry van_____ Reefer_____
Are you currently a Freight Broker for another company? ____Yes _____No
Are you currently contracted to that company? _____Yes _____No
If yes, what company?_____
Please attach a copy of that contract.
If no, who is your employer?_____
May we contact your employer? _____Yes _____No
Do you currently have a business license? _____Yes _____No
If yes, under what name?_____

Provide the name, address and telephone number of three industry references who are not related to you and are not previous employers.

1._____

_____

2._____

_____

3._____

_____