

**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

**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	ACKNOWLEDGMENT AND AUTHORIZATION
<p>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. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Employment Background Investigations, Inc. (EBI), P.O. Box 629, Owings Mills, MD 21117, 1-800-324-7700. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from EBI all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.</p>	<p>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. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, local, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information (including, but not limited to, driving and/or motor vehicle records, transcripts, grades and attendance records, employment history, salary information and references, workers compensation reports in Pennsylvania, Arizona and in all other states, drug and alcohol testing results) requested by EBI acting on behalf of Employer, and/or Employer itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.</p>
<p>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.</p>	<p>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. <input type="checkbox"/></p> <p>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. <input type="checkbox"/></p>
Applicant Signature _____	Date: ____/____/____

NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW	
<p>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. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency ("ICRA"), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be Employment Background Investigations, Inc., P.O. Box 629, Owings Mills, MD 21117, 1-800-324-7700. The source of any credit report will be TransUnion P.O. Box 1000, Chester, PA 19022, 1-800-888-4213.</p> <p>The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.</p> <p>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:</p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul> <p>*Proper Identification* includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.</p> <p>The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.</p>
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.												
Last Name												
First Name				Middle Name								
Other Last Names Used												
Current Address												
City										SL	Zip	
Date of Birth (mm/dd/yyyy)				Social Security No.								
Driver's License No.										St.	e-Mail Address	
Home Phone:						Cell Phone:						
Other States and Counties I Have Lived		State	County	Zip Code	Frm (Yr)	To (Yr)	State	County	Zip Code	Frm (Yr)	To (Yr)	
		1					3					
		2					4					

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	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 the "Name" line 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.

<b>Social security number</b>									

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

<b>Employer identification number</b>									

### Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. 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.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### 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:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. 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.