



AGENCY APPLICATION

NOTE: Please download this form, save to your desktop and type the information for processing ease.

<u>COMPANY INFORMATION:</u>		
AGENT OF RECORD:		
AGENCY/ COMPANY NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHYSICAL ADDRESS:		
CITY:	STATE:	ZIP:
FEDERAL ID # :	SSN:	

<u>CONTACT INFORMATION:</u>			
PHONE # :	(800)	PHONE (LOCAL) :	
FAX # :		EMAIL ADDRESS:	
DISPATCHER(S):			
DISPATCH PHONE #:			

<u>PERSONAL INFORMATION:</u>			
HOME ADDRESS:			
CITY:	STATE:	ZIP:	
HOME PHONE #:		SSN:	
BIRTH DATE:		DL#	DL STATE:

List any current or prior agency affiliations that you wish to tell us about:
What type of freight do you move?
What type of equipment do you use most?
How much freight do you broker?
How much freight will you broker with Matson Logistics?
Where is your business going to be located? <input type="checkbox"/> HOME <input type="checkbox"/> OFFICE COMPLEX
What kind of internet connection do you have? <input type="checkbox"/> DIAL – UP <input type="checkbox"/> DSL <input type="checkbox"/> CABLE <input type="checkbox"/> OTHER; LIST:
What was your net revenue last year?
What is your current average margin (%)?
What are you projecting your net revenue will be with Matson Logistics?
How many loads did you move last month?
How many loads do you project you will move the first month with Matson Logistics?
Why are you interested in becoming a member of the Matson Logistics team?
What do you think we need to do as the parent company to make you successful in this new business venture?

Please fax your completed paperwork to Christy Chambliss at 800-865-1600 or email to cchambliss@matson.com