



**AGENCY APPLICATION**

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

**COMPANY INFORMATION:**

**AGENT OF RECORD:**

**AGENCY/ COMPANY NAME:**

**ADDRESS:**

**CITY:**

**STATE:**

**ZIP:**

**PHYSICAL ADDRESS:**

**CITY:**

**STATE:**

**ZIP:**

**FEDERAL ID # :**

**SSN:**

**CONTACT INFORMATION:**

**PHONE # :**

**(800)**

**PHONE (LOCAL) :**

**FAX # :**

**EMAIL ADDRESS:**

**DISPATCHER(S):**

**DISPATCH PHONE #:**

**PERSONAL INFORMATION:**

**HOME ADDRESS:**

**CITY:**

**STATE:**

**ZIP:**

**HOME PHONE #:**

**SSN:**

**BIRTH DATE:**

**DL#**

**DL STATE:**

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

Please fax your completed paperwork to Christy Chambliss at 800-865-1600 or email to [cchambliss@matson.com](mailto:cchambliss@matson.com)