



Agent Profile Form

General Information

Issued:

Company Name _____

Address _____

City _____

State _____

Zip Code _____

Number of Stations:
(list by airport code)

Phone Number _____

Fax Number _____

Email Address _____

Web Site _____

Hours of
Operation

Monday <> Friday _____

Saturday _____

Sunday _____

After Hours
Emergency Contact(s)
and Phone Number(s)

Contact(s)

Area Code

Phone Number(s)

_____	_____	_____
_____	_____	_____
_____	_____	_____

Personnel

Number of staff to positions as noted	Total Number of Employees	_____
	Managers	_____
	Operations	_____
	Customer Service	_____
	Accounting	_____
	Warehouse	_____
	Drivers	_____

Key Contacts

Name	_____	Position	_____
Responsible for	_____		
Name	_____	Position	_____
Responsible for	_____		

Insurance Information (transport, warehouse, vehicles, etc.)

Insurance Provider Name: _____

Contact Person: _____

Phone Number: _____

Policy Number: _____

Policy Coverage Amounts: _____

Policy Coverage (Inclusive From/To) Dates: _____

Date: _____

Please fax a copy of your most current insurance certificate to: 1-651-556-3401

Station Information

Total Square Feet _____ Office _____ Warehouse _____

Warehouse Doors _____

Drive up Capability Yes No

Security System Yes No

Sprinkler System Yes No

Number of Forklifts _____

Customs Bonded Warehouse Yes No If yes, square feet _____

Customs Bonded Vehicles Yes No If yes, how many _____

Customs Bond Number _____

Type(s) of Communications Used

Two - Way _____ Pagers _____ Cell Phones _____ Other _____

Total Number of Vehicles

Company Owned _____ Owner/Operated _____

Type(s) & Number of Units

Mini -Vans _____ Mini - Vans _____

Full Size Vans _____ Full Size Vans _____

Straight Trucks _____ Straight Trucks _____

Tractor/Trailers _____ Tractor/Trailers _____

Special Equipment Units

Air Ride Yes No If Yes, specify units _____

Lift Gate Yes No If Yes, specify units _____

If you have any special operating authority or applications, please denote these:

MC Number _____

USDOT Number _____

IATA Number _____

FMC Number _____

Other _____

Please fax or e-mail us a complete set of your applicable cartage tariffs to jripley@andersoncargo.com

Industry and Financial References

1) Your Bank Reference:

Bank Name: _____
Address: _____
City: _____
State: _____ **Zip Code:** _____
Contact: _____ **Phone Number:** _____

2) Industry References:

Company: _____
Address: _____
City: _____
State: _____ **Zip Code:** _____
Contact: _____ **Phone Number:** _____

Company: _____
Address: _____
City: _____
State: _____ **Zip Code:** _____
Contact: _____ **Phone Number:** _____

Company: _____
Address: _____
City: _____
State: _____ **Zip Code:** _____
Contact: _____ **Phone Number:** _____