



UART, Inc. Agent Questionnaire

Your Name: _____ Company: _____

Office Address: _____

Phone: _____ E Mail: _____ Fax: _____

Are you operating as an Agent now? _____ Broker Name: _____

Do you have your own Brokerage Authority? _____ If yes, #: _____

How many loads are you currently moving? _____ week _____ month _____ year

Do you have a current truck following? _____ Number of carriers: _____ Number of trucks: _____

How many different customers do you do business with? _____

Do you credit qualify your accounts before booking freight? _____

How would you rate your clients credit? _____

Do you have any that are 30+ day pay? _____ If so, how many? _____

Have you ever filed for bankruptcy? _____ Name of the company that filed: _____

Are there judgments against either the company or you personally? _____

What percentage of your business is dry? _____ Refrigerated? _____

What is the primary mode of transportation for your customers? (i.e., dry vans, reefers, flatbeds, LTL, intermodal, etc

If you are approved, when would you like to start? _____

Your signature: _____ Date: _____

Accepted by: _____ Date: _____

Upon completion, please fax to 916-933-7141