

Clipper Exxpress, Inc.

Highway Services Division

Agent Qualification

Name: _____ Company Name: _____

Street Address: _____ City _____ State _____ Zip Code _____

Telephone: _____ E Mail Address: _____ Fax: _____

Are you currently an agent? Yes ___ No ___ Company name? _____

Do you have your own operating authority? ___ MC #: _____

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

Average total revenue/month: \$ _____ Average gross margin/month: _____

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

Do you manage any Owner Operators exclusively? How many# _____

What services do you provide now? (i.e. dry vans, reefers, flatbeds, LTL, intermodal)

How broad is your current customer base? Total #: _____ Revenue/Top 10: _____

How do you qualify your accounts for credit before accepting any freight?

Average days outstanding on receivables? 30 days ___ 45 days ___ 60 days ___

Are there judgments pending against either the company or yourself? If so describe.

Federal Tax Identification # _____ Preferred starting date _____

Your signature: _____ Date _____

Accepted by: _____ Date _____

(Please fax completed application to Manager, Agent Relations – (630) 739-1817)

CLIPPER EXXPRESS