



NEW AGENT QUESTIONNAIRE

Am Pm Transportation, Inc.
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info@ampmtrans.com

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone:(____) _____ Fax:(____) _____ Email: _____

What were your annual sales for: 2017 _____ 2016 _____ 2015 _____

What were your profit margins for each year: 2017 _____ 2016 _____ 2015 _____

How many regular customers _____ carriers _____

How many years have you been in this industry _____

Current Employer _____

How long have you been there? _____

Reasons for making a change

Are you available to your customers and carriers 24/7 _____

When would your preferred starting date be _____

Have you signed a non-compete contract _____

Primary lanes served

What commodities do you move?

What agent services do you provide

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What percent of your loads are:

Truckload _____ LTL _____ Rail/intermodal _____

Do you export to Canada _____ Mexico _____

What equipment do you use: Dry Van _____ Refrigerated _____ Flatbed _____

Current compensation _____ Preferred compensation _____

Other considerations _____

Please email back to info@ampmtrans.com