



# ST FREIGHT

Proven Transportation Solutions

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Email: [tabts@stfreight.com](mailto:tabts@stfreight.com)

Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Office Fax: \_\_\_\_\_ Office Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Fax: \_\_\_\_\_ Home Email: \_\_\_\_\_

Fed ID#: \_\_\_\_\_ SS#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ DL#: \_\_\_\_\_ State: \_\_\_\_\_

**List Prior Agency Affiliations:**

Name:	_____	Name:	_____
City:	_____	City:	_____
State, Zip:	_____	State, Zip:	_____
Phone:	_____	Phone:	_____
Contact:	_____	Contact:	_____
Dates:	_____	Dates:	_____

Are you currently Obligated to any Non-Compete Contracts?      Yes      No

Office will be located:      Office Building:       Home:

Your Agency Contact People:  
Name

Title

Phone

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have?

Computer	_____	How many?	_____
Printer	_____	How many?	_____
Fax Machine	_____	How many?	_____
Copier	_____	How many?	_____
Internet Provider	_____	Who?	_____
Phone Lines	_____	How many?	_____

How many loads did you move?  
Last Year

Last Month

Gross Revenue \_\_\_\_\_

Gross Revenue \_\_\_\_\_

Pay to Truck  
Spread

\_\_\_\_\_  
\_\_\_\_\_

Pay to Truck  
Spread

\_\_\_\_\_  
\_\_\_\_\_

What type of freight do you move?

\_\_\_\_\_

What type of equipment do you  
use?

\_\_\_\_\_

What date would you like to begin with STF?

\_\_\_\_\_

Why?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_