

VENDOR PROFILE / REQUEST TO PERFORM SERVICES THROUGH



All independent contractors soliciting to perform vendor services should print and fill out this form so that we may qualify your past service levels. If you are soliciting as an independent contractor for the first time, the information included in this form will give us the info we need to set you up in our system as a vendor.

If you are approved as an independent contract vendor for CRS, you will be contacted by one of our client courier companies to negotiate rates for your services.

After you fill this out, please fax this back to **770-321-8499** or Email back to dale@crscarrier.com or you can also mail it back to:

**Contractor Resource Solutions
3855 Shallowford Road – Suite 110
Marietta, GA 30062**

What client is this in reference to? Client # _____

Your Name: _____

Company Name (if any): _____

SSN# _____

EIN # (if available) : _____

Address: _____ City: _____

State: _____ Zip: _____

Phone Number: _____ Cell Phone: _____

Pager: _____ Fax: _____

How did you determine to solicit this courier company for delivery work? (circle)

Newspaper Ad / Friend / Reference from a Current I/C / Craig's List /

Other: _____

If our customers require certain equipment, or in some cases uniforms, would you be willing to rent / lease / buy the following if you don't have them now

Radio / Pager / Bar Code Scanner / Uniform: YES NO

Do you have "Sub" drivers that work for you? YES NO If yes, how

many?_____

Vehicle to be used by you for delivery work: YEAR:_____ Make:_____ Model:_____

Plate Number:_____ VIN Number:_____ Drivers License #_____

Vehicle Insurance Carrier:_____ Policy Number:_____

Do you have a current MVR?: YES NO **We will need to make a photocopy of your license, MVR, registration and insurance cards for our files if we contract with you**

Do you currently have a delivery service rate structure you charge your clients? YES NO

If YES, describe:_____ Will you negotiate? YES NO

Would you be willing to negotiate a flat fee for a static route? YES NO

If you have Sub drivers, list their vehicles below. If you need more space, use the back of this form

YEAR:_____ Make:_____ Model:_____ YEAR:_____ Make:_____ Model:_____

Do you currently carry your own cargo insurance? YES NO

Please list the courier companies you have performed services for in the past or currently (if any)

Company:_____ Contact:_____ Phone:_____

Company:_____ Contact:_____ Phone:_____

Company:_____ Contact:_____ Phone:_____

If this is your first contract as an independent contractor, please list some professional business references so we can verify your past punctuality and reliability

Company:_____ Contact:_____ Phone:_____

Company:_____ Contact:_____ Phone:_____

Company:_____ Contact:_____
Phone:_____

What qualities do you posses that would make you a good independent contract courier for SCI?

Due to the fact that our client courier companies may offer you dispatch jobs that would require your presence in financial institutions and possibly some restricted government facilities and due to the fact you may be insured under certain umbrella liability insurance coverage's, we need to ask the following questions

Have you ever been convicted of a criminal offense: YES NO If yes, Describe:

Do you have a valid state drivers license YES NO

Would you be willing to wear an identification badge if our client requested it? YES NO

SCI requires that all independent contractors carry their own Workers Comp insurance or participate in our Occupational Accident Insurance plan. If you currently have a Workers Comp policy in place;

Carrier:_____ State Issued:_____

Policy Number:_____

If you do not have a comp policy in place, please complete the following so that we may prepare an application. The policy includes a death benefit, disability, medical and lost earnings provisions (this section is optional for you at this time)

Your birth date:___/___/19___ MALE / FEMALE

Death Benefit Beneficiary:_____

SSN# (if available):_____

Relationship to you:_____

Phone Number:_____

Address:_____ City:_____

State:___ Zip:_____

I, _____ authorize SCI and / or its' client company, to verify any and all of the above information.

Signed _____ Date:___/___/_____