



P.O. Box 6 Coal City, IL 60416

ICC MC-142059

800-435-9302

Dear Prospective Agent,

It has come to our attention that you may be interested in becoming an agent for Cardinal Transport. We appreciate your interest. This letter is to provide you with some information about our packages for agents and owner/operators.

Cardinal Transport, Inc. was founded in 1976 and currently consists of over 400 power units, all of which are owner/operators. Our fleet is comprised of mostly flatbeds and hotshots with some vans and specialized equipment. Our main region of operation is along and east of I-35 from Minnesota to Texas.

Cardinal Transport, Inc. offers its agents:

- 8% commission on traffic moved on Cardinal trucks.
- 10% commission on traffic brokered
- Weekly payments of commissions
- Available group health insurance plans
- A network of over 100 agents
- A Company sales force calling on National Accounts at Corporate levels, or local levels as needed.

Enclosed you will find a Cardinal recruitment brochure which outlines our requirements and benefits to owner/operators. Items of particular interest are:

- NO** escrow.
- Terminal pay
- Advances when loaded
- Cardinal trucks get **100%** of stop-off and tarping charges
- Cardinal pays fuel taxes.
- NO** forced dispatch
- Paid Cargo and Liability Insurance while under dispatch. **NO CHARGE-BACKS**
- Group health insurance available
- Bobtail & deadhead insurance available

Hopefully I have answered many of your questions in this package. Should you have any additional questions, or are unclear on an item covered, please don't hesitate to call me and discuss the matter further. Our phone number is (800) 435-9302; and our fax is (815) 634-8213.

If you are interested in becoming a Cardinal agent, please complete the enclosed Agency Application and forward it to us at the above fax number.

Sincerely,

A handwritten signature in cursive script that reads "Dave Schramer".

Dave Schramer  
Executive Vice President  
Enclosures



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**BENEFITS AVAILABLE TO CARDINAL AGENTS:**

**AUTHORITY** – Common, Contract, and Broker

**COMMISSION** – Paid weekly by check.

**EQUIPMENT** – 400+ Owner Operators under lease, Vans, Flats, and Hot Shots

**BROKERAGE** – Over 2000 Trucking Companies approved by our Logistics Division

**CENTRAL DISPATCH** – Will inform you of incoming equipment and help you find equipment.

**INTERNET ACCESS** – Direct online Internet access to our computers for operational functions.

**DAT POSTINGS** – We are online with DAT, so your brokerable loads will be posted immediately.

**SALES HELP** – Sales professionals will assist you with old or new accounts to help increase your volume

**LEASING EQUIPMENT** – We have one of the best lease plans available for Owner Operators.

**INSURANCE** – Group rates on major medical, life, and income protection

**TERMINAL PAY** – All agents are able to pay off company and trip leased equipment, which brings trucks to you, that you can reload.

**SECURITY** – Shippers are aware of the benefits and protection afforded by larger carriers and in today's business climate they will want you to be with Cardinal Transport, Inc.



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APPLICATION FOR AGENCY

The undersigned hereby makes application for an Agency of Cardinal Transport, Inc., a common carrier incorporated under the laws of the State of Delaware and authorized to transport General Commodities within the 48 contiguous United States by ICC Certificate No. MC 142059.

1. Applicant firm is a: Corporation \_\_\_\_\_ Individual \_\_\_\_\_ Partnership \_\_\_\_\_

2. Business was established: \_\_\_\_\_  
(month) (year)

3. Doing Business as: \_\_\_\_\_

Located at \_\_\_\_\_  
(Street or Highway)

Mailing Address

City State Zip

Office Phone No. Office Fax No.

WATS No. Home Phone No.

Email address: \_\_\_\_\_

4. Full name of Owner(s) or if incorporated, Names of Officers and Directors.

Name Title Residence Phone

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

5. Do you now own or control any equipment that can be leased by Cardinal Transport, Inc. \_\_\_\_\_

If yes, how many units? \_\_\_\_\_ Types \_\_\_\_\_



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Will you agree to a: Credit Check \_\_\_\_\_  
Bonding \_\_\_\_\_  
Site Inspection \_\_\_\_\_

7. Bank References: 1. \_\_\_\_\_  
2. \_\_\_\_\_

8. Estimated Gross sales last 12 months: \_\_\_\_\_

9. Projected Gross Sales next 12 months: \_\_\_\_\_  
Projected monthly Revenue with Cardinal: \_\_\_\_\_

10. Number of Employees: \_\_\_\_\_

11. Present affiliation with Interstate Carriers, If any:  
\_\_\_\_\_  
\_\_\_\_\_

12. How did you hear of Cardinal Transport, Inc.? \_\_\_\_\_

13. Do you presently hold ICC Authority as a Common or Contract Carrier or as a Property Broker? \_\_\_\_\_

14. Other information or comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Do you now know of any owner operators who will lease on to Cardinal? \_\_\_\_\_  
If yes, how many and what type of equipment: \_\_\_\_\_

16. Project the number and type of equipment you will be needing per week for freight you will be moving as a Cardinal Agent: \_\_\_\_\_

**PLEASE ATTACH COPIES OF YOUR DRIVERS LICENSE.**

**ALL INFORMATION FURNISHED WILL BE KEPT CONFIDENTIAL!**

Applicant : \_\_\_\_\_

S.S. No. Or Federal ID No.: \_\_\_\_\_



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**PROFILE OF APPLICANT**

**LIST AFFILIATIONS COVERING THE PAST 5 YEARS STARTING WITH THE MOST RECENT.**

From	To	Company Name	Address
_____	_____	_____	_____
_____	_____	_____	_____

Position & Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Why are you no longer associated with this Company?  
\_\_\_\_\_  
\_\_\_\_\_

From	To	Company Name	Address
_____	_____	_____	_____
_____	_____	_____	_____

Position & Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Why are you no longer associated with this Company?  
\_\_\_\_\_  
\_\_\_\_\_

From	To	Company Name	Address
_____	_____	_____	_____
_____	_____	_____	_____

Position & Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Why are you no longer associated with this Company?  
\_\_\_\_\_  
\_\_\_\_\_



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### Listing of Accounts

Rather than restrict an agent to a geographic territory, Cardinal Transport, Inc. has a policy of protecting an agent's accounts. Before proceeding further into the agent selection process we would like to verify your accounts are not currently being served by another agent.

Please provide a listing below of those accounts you consider most important to the success of your agency. We will verify these accounts in our database to determine their availability.

	Account name	Phone No.	Location (City/State)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____