

Household Goods Moving and Storage Registration Form

Company Name: _____

Contact Information:

Name: _____
Address: _____
Email: _____ Office Phone: _____
Web Site: _____ Fax: _____
Fed Tax ID#: _____ Mobile: _____

Company Information:

1. Describe your company structure; include principle owners, locations, and management team.
2. Is your company a subsidiary of, affiliated with, or have ownership in a relocation management company?
3. Are you affiliated with any major van lines? If so, which one?
4. How are you rated (service, performance, etc.) by your van line? And what are your results for the past three years?
5. Provide your DUNS number and evidence of your financial strength and viability.
6. What is the bottom line discount you would offer OneSource Relocation?
 6. a. What tariff is it applied to?
 6. b. Is this discount applicable on each move? If not, what services would be excluded?

7. Is there a fuel surcharge applicable on each move? If so, how is it calculated?

8. Does a seasonal surcharge apply? If so, how is it calculated?

9. Explain how you define self-pack and self-haul.
 9. a. What percentages of domestic shipments do you self-pack and self-haul?

 9. b. What are your primary areas for self-pack and self-haul?

 9. c. What are your secondary areas?

 9. d. How can you ensure that we will only receive the top 10% owner operators and packing crews on domestic interstate shipments?

10. Explain your company's full value replacement coverage:
 10. a. What factor is used to determine the amount of full value replacement coverage on each move?

 10. b. What is the cost per thousand dollars of coverage?

11. Describe how you manage storage in transit.
 11. a. What are the locations of the storage facilities that your company owns and operates?

 11. b. Are any climate controlled?

12. What is your company's approach and philosophy to ensuring quality client service?

13. Describe your service evaluation method and results for the past 3 years.

14. How do you ensure compliance with your crews?

15. Describe your claims management process and results?

15. a. What are your claim ratio, average claim size, and average resolution time?

16. Describe your invoice audit process.

17. Are you open to working with OneSource Relocation to help us develop additional business opportunities?

18. Provide a list of client references.

Signed/Name: _____

Date: _____

Fax or Email Completed Household Goods Moving and Storage Registration Form to:

Michael Luca

Fax: 470-443-1765

mluca@onesourcerelocation.com