



Please complete the following form in its entirety and submit per instructions at the bottom of the form.

Please include a Certificate of Insurance with your submission, as follows:

- Show Foley Products Company, P.O. Box 2447, Columbus, GA 31902, as Certificate Holder.
- Show evidence of the following coverage to include policy start/end dates:
 - General Liability – no less than \$1,000,000 limit
 - Auto Liability – no less than \$1,000,000 limit
 - Workers' Compensation - if required by your State
 - Umbrella/Excess Liability – if applicable
 - Motor Cargo coverage
- Provide a 30 day notice of cancellation.
- Ensure signature of “Authorized Representative” is present on the certificate.

In the event of an accident, property damage, etc, you will be responsible for the claim and to reimburse Foley Products Company for the loss accordingly. It is your driver's responsibility to ensure the load is secured in accordance with FMCSA/DOT standards. Any product damaged during load securement or transit will be your and the driver's responsibility, and we will deduct the full sales price from any invoices due. Product damaged during unloading at the jobsite by the customer will not be your responsibility and must be clearly noted by the driver on his paperwork and signed by the customer.

Upon receipt of your completed Application for Service and the required Certificate of Insurance we will review the information for approval to haul for us.

APPLICATION FOR SERVICE

Company Information Form

Broker/Independent Carrier Name: _____

Business Address: _____

City/State/Zip: _____

Business Hours: _____ a.m. to _____ p.m.

Are you a Freight/Property Broker? (brokers arrange for the truck transportation of cargo belonging to others, for compensation, utilizing for hire carriers to provide the actual truck transportation.) **Yes** _____ **No** _____

- MC# _____
- U.S. DOT # _____

Are you a Common/Contract (Independent) Carrier? (provide for-hire truck transportation directly to the shipper (i.e. directly to us, no broker involved), you own and operate your own fleet. **Yes** _____ **No** _____

- MC# _____
- U.S. DOT # _____

NOTE: you must notify us immediately if your status changes from Common/Contract carrier to that of a Freight Broker.

Contact Information:

- Office Contact: Name: _____
Phone #: _____
Fax #: _____ Email: _____
- Insurance Contact: If same as above check here: _____; If different, complete the following:
Name: _____
Phone #: _____
Fax #: _____ Email: _____
- Dispatch Contact: If same as above check here: _____; If different, complete the following:
Name: _____
Phone# (office): _____
Phone # (Mobile): _____
Phone # (Other): _____
Fax #: _____
Email: _____

Company is able to haul for which of the following plants: (please circle)

Winder, GA

Newnan, GA

Clanton, AL

Please list any other information that may help with contacting your company. Also, specify if your company has different billing entities.

**Price Quote Information Form
(Optional)**

| Miles | Fuel Price | | | | |
|-------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| | \$2.01 to \$2.50 | \$2.51 to \$3.00 | \$3.01 to \$3.50 | \$3.51 to \$4.00 | \$4.01 to \$4.51 |
| 0-25 | | | | | |
| 26-50 | | | | | |
| 51-75 | | | | | |
| 76-100 | | | | | |
| 101-125 | | | | | |
| 126-150 | | | | | |
| 151-175 | | | | | |
| 176-200 | | | | | |
| 201-250 | | | | | |
| 251-300 | | | | | |
| 301 or more | | | | | |

* Please complete the "Rate Chart" above with your flat rate for each column up to 300 miles. For 301 miles or greater please provide your rate per mile.

Price Quote for set runs:

Flat rate from Winder, GA to Clanton, AL. (one way full) _____
 Flat rate from Newnan, GA. To Clanton, AL. (one way full) _____
 Flat rate from Winder, GA to Newnan, GA. (one way full) _____

Charges for over width/over weight/ over size @ additional cost per mile price: _____
 Cost for extra stops to off load product if more than one: _____
 Cost for wait time per hour. (after a 2 hour grace period) _____
 Back hauls from a delivery location _____

The above prices are effective for _____ from date below.
 Example: 3 months; 90 days

Signature: _____ Date _____

Printed Name: _____

Title: _____

Company: _____

Please note that before the expiration date we will send another form to update your rates for our records.

**Please forward completed Application for Service, Certificate of Insurance and Rate Sheet (optional) to
 Fax: Attn: Trey Cantrell; 770-252-8463
 Email: tcantrell@foleyproducts.com**