

6107 Memorial Hwy Ste E4 Tampa, FL 33615 Phone: 888.650.1846 Fax: 855.845.1530 www.MilestoneRelocation.com

Milestone Relocation Solutions $^{\scriptscriptstyle{\text{TM}}}$ Moving Contractor Application

Instructions

- 1. Print
- 2. Fill out and sign
- 3. Send to:
 - a. Scanned: agents@milestonerelocation.com; OR
 - b. Fax to: 855.845.1530
- 4. Please include your:
 - a. Insurance card
 - b. Copy of your driver's license



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Application

I. Contact Information

First Name:	Last Name:						
Phone Number 1:	Phone Number 2:						
Fax:							
Email Address:							
Website Address (if any):							
II. Area							
Area Applying for (Please Circle):							
Atlanta, GA Washington DC	Raleigh, NC Charlotte, NC Philadelphia, PA						
Other:							
III. Business Information							
Company or Individual?	(Please circle one)						
Company Name (if Company):							
Local, State or Federal License (s) (i	f any):						
	IV. Truck Information						
Number of Trucks Available:							
Truck Size(s) (FT):							



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V. Moving Equipment Information

Circle the Equi	pment You Have	e on Truck(s):					
Dollies	Shrink Wrap	Moving Blankets	Straps				
Tools (to disass	semble/reassem	ble furniture)					
		VI. Mov	ing Experien	ce			
Moving Experie	ence (Years):						
Describe Your	Moving Experie	nce:					
Number of Experienced Helpers (besides you):							
When Can You	Start?				_		
Print Name:		Signature:		_ Date:/	/		