

Data Rush Couriers



On Line Contractor Bid Proposal Application

* Please complete the form with the most current and accurate information available. All required fields will be highlighted in vellow. Upon completion, please click the SUBMIT button to e-mail your application to our Courier Administrator.

Insurance Requirements

Are you younger than 18 years of age?				
Do you have a DWI on your driving record?				
* If you answered YES to either of the questions above, please do not continue				
CORPORATE / PERSONAL INFORMATION				
First Name Address				
Last Name City	State Zip			
Initial				
Data of Birth				
Social Security #				
Driver License # DL State	DL Expiration			
Home Phone # Cell Phone #				
VEHICLE INFORMATION				
VEHICLE INFORMATION				
VEHICLE INFORMATION Primary Vehicle	Secondary Vehicle (if applicable)			
	Secondary Vehicle (if applicable) Year			
Primary Vehicle				
Primary Vehicle Year	Year			
Primary Vehicle Year Make	Year Make			
Primary Vehicle Year Make Model	Year Make Model			
Primary Vehicle Year Make Model Color	Year Make Model Color			
Primary Vehicle Year Make Model Color License Plate # State If vehicle is a truck, does it have	Year Make Model Color License Plate # State If vehicle is a truck, does it have			
Primary Vehicle Year Make Model Color License Plate # State If vehicle is a truck, does it have a camper shell?	Year Make Model Color License Plate # State If vehicle is a truck, does it have a camper shell?			
Primary Vehicle Year Make Model Color License Plate # State If vehicle is a truck, does it have a camper shell? Does vehicle have any damage?	Year Make Model Color License Plate # State If vehicle is a truck, does it have a camper shell?			
Primary Vehicle Year Make Model Color License Plate # State If vehicle is a truck, does it have a camper shell? Does vehicle have any damage? Vehicle Insurance Information	Year Make Model Color License Plate # State If vehicle is a truck, does it have a camper shell? Does vehicle have any damage?			

Work & Driving History				
* Please begin with your last place of employment (up to 5 years) and provide current phone numbers.				
Company Name Phone # Phone #				
Address City State Zip				
Job Title Salary				
Supervisor Contact				
Worked From: Month Year Worked To: Month Year				
Company Name Phone # Phone #				
Address City State Zip				
Job Title Salary				
Supervisor Contact				
Worked From: Month Year Worked To: Month Year				
Company Name Phone #				
Address City State Zip				
Job Title Salary Salary				
Supervisor Contact				
Worked From: Month Year Worked To: Month Year				
Have you had any accidents in the past 3 years?				
If you answered YES, please list the date(s) and explain in the space provided.				
Have you had any traffic violations / citations in the past 3 years?				
If you answered YES, please list the date(s) and give a brief description in the space provided.				
Have you had any parking violations in the past 3 years?				
If you answered YES, please list the date(s) and give a brief description in the space provided.				
2 Journal of the first the date (b) and give a site accompani in the space provided:				
Has your vehicle ever been towed? How many miles did you				
drive in the past year?				

PERSONAL HEALTH INFORMATION				
Is there any type of work which your physical, mental or medical condition prohibits? Or have you been advised by a physician not to perform certain types or work?				
If you answered YES, please explain in the space provided.				
How much weight (in pounds) can you maximally lift?				
BACKGROUND INFORMATION				
* Any information contained in this section is for verification purposes only. It will be held in strict confidence and will not be disseminated to any parties outside of Data Rush Couriers.				
Legal Name: Last First Middle				
Date of Birth				
Current Address City State Zip				
Current Phone # Own / Rent Length				
Previous Address City State Zip				
Spouse's Name Employed By Employer's Address City Social Security #				
EMERGENCY CONTACT INFORMATION				
* In any case of emergency, Data Rush Couriers will contact the person(s) listed below.				
Name				
Address City State Zip				
Main Phone # Office Phone # Alt. Phone #				
Physician Name Phone #				
Policy Holder's Name Policy #				

* P.	Contact Phone # Alt Phone #	you.			
2.	Years Acquainted Occupation Contact Phone # Alt Phone # Sears Acquainted				
3.	S. Name Contact Phone # Years Acquainted Occupation Alt Phone # Years Acquainted				
Ві	BID ACKNOWLEDGEMENT, AGREEMENT & SIGNATURE				

BID ACKNOWLEDGEMENT, AGREEMENT & SIGNATURE		
of my knowledge. I hav I understand and agree the bid proposal and / o at any time after my agr permission to Data Rush	ents and representations made in this bid propere withheld nothing which would, if disclosed, a that any misrepresentation, with sufficient caur for the cancellation from the corporation if s reement with Data Rush Couriers has been reach Couriers to access my Texas Motor Vehicle I grecord in Texas or in any other state.	ndversely affect my bid proposal. use, will call for the cancellation of uch misrepresentation is discovered uched. In addition, I give my full
Electronic Signature		Date

^{*} If you do not have E-Signature capabilities in your version of Adobe Acrobat, please fill in the date section and you will be asked to sign during your interview.