



AGENT PROGRAMS APPLICATION
United Van Lines / Mayflower Transit

Thank you for your interest in Trans Advantage's National Account Programs. You can complete this form whether you are enrolling in your first national program or if you are already enrolled in one or more of the programs. Please complete your program selections in sections 1-6. Please complete one per agency location.

Must be signed by Officer or Principle of Agency.

Section 1

Date

Agency# Agency Name

Mayflower United

Street Address

City State Zip code

Phone # Fax#

Email Address

Authorized Name Title (Please Print)

Authorized Signature Date (Must be Officer or Principle of Agency)

Submission of this form acknowledges agreement with the terms for participation in the various programs: Tires, CDI Tires, CDI Mechanical, Rentals, International Parts & Repairs, Packing Materials (Cartons), Graphics, Trans Advantage Store and Smart Move Tape. Payment for equipment, services and related charges, including, but not limited to attorney's fees and collection costs under the program will be handled via statement deduct unless disallowed by the van line. On the rental program, agent must have insurance covering equipment rented. Trans Advantage assumes no liability for parts, service or warranty issues on the International program. Trans Advantage assumes no liability for products obtained by agents through the Trans Advantage Store, Trans Advantage Graphics Store or Smart Move Tape. All parts, service and warranty claims are handled solely through the Genuine International Dealer Network. A processing fee is charged on purchases from the tire, rental, CDI, graphics and International Parts & Repairs programs. A stocking and handling fee is charged on purchases for the Trans Advantage Store program. Trans Advantage assumes no liability for products and services obtained by the agents through the CDI Mechanical and Tire programs.

Please email your completed form to: Mail_TA_CustomerSvc@unigroup.com or fax to: 636-349-7469
If you have any questions, please contact Trans Advantage Customer Service at 800-325-3863, Ext. 6908.

Section 2

ACCESS TO ONLINE INVOICES

Trans Advantage is now able to offer our agents the ability to view National Account Program invoices online which includes:

- Tires
- Ryder, Penske and Enterprise Rentals
- Victory Packaging
- International Fleet Charge
- Trans Advantage Store
- CDI Mechanical
- CDI Tire

Authorized users at each agency can be quickly set up to have access to our Corcentric invoice system. Once you have your log-on and password you can access the system 24/7 for the detailed information you need. If you wish to add someone please complete the following. (Generally recommended for accounting & billing personnel.)

Name _____

Email Address _____

Section 3

Please provide the requested information for the program for which you wish to enroll. This approved application form must be on file with Trans Advantage prior to using the services of each program.

NATIONAL TIRE PROGRAM

Trans Advantage suggests that agencies follow the company standard to allow purchase of up to two tires that will automatically be approved during normal business hours. The unit # is used for the PO. These guidelines save your agency time and frequent phone calls.

_____ Either allow purchase of up to two tires that will automatically be approved. The unit # **will** be used as the PO unless otherwise specified in the special instructions below.

_____ Or if more than two tires are allowed, contact me when the number of tires exceeds _____
The unit # **will** be used as the PO unless otherwise specified in the special instructions below.

**For either of the above, this quantity or less will automatically be approved. **

_____ Contact me on all tire purchases (If you did not choose one of the above).

Other: (Are there any special instructions you wish us to follow during normal business hours?)



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RENTAL PROGRAM

Trans Advantage partners with Enterprise, Penske, Ryder and Budget to offer the convenience of same-day rentals with our national account pricing. If you have insurance with Vanliner you are not required to produce an insurance certificate. Authorized personnel from your agency must approve all rentals.

Special Instructions (Purchase order required, etc.) _____

INTERNATIONAL PARTS & REPAIRS PROGRAM

International Parts & Repairs Program utilizes a fleet charge card to offer discounts on all International Parts. Authorized users can use their fleet charge card at any International Parts location to pay the dealer.

Number of cards requested for authorized users _____

Special Instructions (Purchase order required etc.) _____

After Hours instructions _____

PACKING MATERIAL PROGRAM

Trans Advantage offers agents the opportunity to negotiate pricing directly with the vendor. You can pick up cartons at any vendor location.

CDI AFTER HOURS TIRE PROGRAM

Trans Advantage suggests that agencies follow the company standard to allow purchase of up to two tires that will automatically be approved after-hours, weekends and holidays. The unit # is used for the PO. These guidelines save your agency time and frequent phone calls.

_____ Either allow purchase of up to two tires that will automatically be approved. The unit # **will** be used as the PO unless otherwise specified in the special instructions below.

_____ Or if more than two tires are allowed, contact me when the number of tires exceeds _____. The unit # **will** be used as the PO unless otherwise specified in the special instructions below.

**For either of the above, this quantity or less will automatically be approved. **

_____ Contact me on all tire purchases (If you did not choose one of the above).

CDI provides wallet cards and cab stickers at no cost. Please indicate below if you would like to have these sent to you.

Wallet Cards _____ Cab Stickers/Decals _____
(quantity desired) (quantity desired)



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CDI MECHANICAL PROGRAM

Agents are automatically approved for up to \$700 in repairs; limits can be adjusted per your preference.

Do you wish to be contacted by CDI's automatic email notification system to follow your breakdown? (vendor dispatched, breakdown complete, final billing) Yes No

(Recommended so you are not receiving frequent after hours calls.)

If yes, please provide email address of individual who should receive updates.

If not using email notification:

Do you need to be called when your breakdowns are completed? Yes No

Do you need to be called if the breakdown exceeds hours in downtime? Yes No

Do you need to be called if the breakdown exceeds \$ in repair cost? Yes No

Do you require a reference purchase order number (other than the unit #)? Yes No

CDI provides wallet cards and cab stickers at no cost. Please indicate below if you would like these sent to you.

Wallet Cards (quantity desired) Cab Stickers/Decals (quantity desired)



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Section 4

AUTHORIZED APPROVERS (Tires, CDI, Rentals, International Parts & Repairs, & Packaging Materials)

Check below which programs personnel are authorized to approve on. Please note CDI Tires & Mechanical will be calling after hours, weekends and holidays - you will only be contacted for tires for purchases exceeding your maximum standard.

Personnel Information

Table with 7 columns: Tires, CDI Tires, CDI Mechanical, Rentals, International Parts & Repairs, Packaging Materials. Multiple rows for personnel information including Name, Agency #, Phone, Security Code, and Email.

*Security code is only valid for Rentals

Authorized Name (Print Name) Title

Authorized Signature Date



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Section 5

TRANS ADVANTAGE GRAPHICS STORE

Trans Advantage provides the official fleet graphics for United and Mayflower. Our online Graphics Store allows agents to purchase full decal kits or replacement decals by statement deduction.

Please enter all personnel authorized to order decals for your agency.

- 1. Enter the first and last name of the person authorized to order decals and graphics
2. Enter the unique email address for the authorized user. (This will be the user log-in ID for the Trans Advantage Graphics Store).
3. Enter the maximum dollar amount per order this user is allowed to submit. Leave blank if there is no dollar limit.
4. List all agency locations this user is authorized to make purchases for. Please enter those agency numbers including van line affiliation (U or M).
5. If this authorized user requires a second approval prior to submitting an order, enter the first and last name of the approver.

**The approver must also be an authorized user with a unique email address.

Form section 1: (1) First and Last Name of Authorized User, (2) Email Address of Authorized User, (3) UniGroup Portal Individual User ID, (4) Maximum Order \$ Amount Allowed, (5) All Authorized Agency Locations, (6) Approver Name (If Required)

Form section 2: (1) First and Last Name of Authorized User, (2) Email Address of Authorized User, (3) UniGroup Portal Individual User ID, (4) Maximum Order \$ Amount Allowed, (5) All Authorized Locations, (6) Approver Name (If Required)

Form section 3: (1) First and Last Name of Authorized User, (2) Email Address of Authorized User, (3) UniGroup Portal Individual User ID, (4) Maximum Order \$ Amount Allowed, (5) All Authorized Locations, (6) Approver Name (If Required)

Note: use additional copies of this form if you have more than three authorized users.

Authorized Name _____ Title _____
(Print Name)

Authorized Signature _____ Date _____
(Must be Officer or Principle of Agency)



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Section 6

TRANS ADVANTAGE STORE

Trans Advantage customers can purchase a wide variety of products for their business needs, including: uniforms; clothing; promotional items; gifts; business cards; stationery; forms and printed materials. Customization services are also available.

Please enter all personnel authorized to order uniforms, apparel, forms, printed supplies and promotional items for your agency.

- 1. Enter the first and last name of the person authorized to order uniforms, apparel, forms, printed supplies and promotional items
2. *To be completed by the ASA. Enter the current UniGroup portal individual user ID of the authorized user. If the authorized user does not have a current UniGroup portal individual user ID, the "NGS User" role must be granted.
3. *To be completed by the ASA. Enter the same agency number as the "Agent Number Location" field in the User Administration system.
4. Enter the maximum dollar amount per order this user is allowed to submit. Leave blank if there is no dollar limit.
5. List all agency locations this user is authorized to make purchases for. Please enter those agency numbers including van line affiliation (U or M).
6. Enter the email address for the authorized user.
7. If this authorized user requires a second approval prior to submitting an order, enter the first and last name of the approver.
**The approver must also be an authorized user with a unique portal ID.

Form fields for user information: (1) First and Last Name of Authorized User, (2) Email Address of Authorized User, (3) UniGroup Portal Individual User ID, (4) Maximum Order \$ Amount Allowed, (5) All Authorized Locations (include U/M for each #), (6) Approver Name (If Required)

Form fields for user information: (1) First and Last Name of Authorized User, (2) Email Address of Authorized User, (3) UniGroup Portal Individual User ID, (4) Maximum Order \$ Amount Allowed, (5) All Authorized Locations (include U/M for each #), (6) Approver Name (If Required)

Form fields for user information: (1) First and Last Name of Authorized User, (2) Email Address of Authorized User, (3) UniGroup Portal Individual User ID, (4) Maximum Order \$ Amount Allowed, (5) All Authorized Locations (include U/M for each #), (6) Approver Name (If Required)

Authorized Name _____ Title _____
(Print Name)

Authorized Signature _____ Date _____
(Must be Officer or Principle of Agency)



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Section 7

Smart Move Tape

Agent # _____ Agent Name _____

Please enter all personnel authorized to order Smart Move Tape.

Table with 3 columns: (1) First and Last Name of Authorized User, (2) Agent # Location, (3) All Authorized Locations (include U/M for each #). Includes three rows for email addresses.

Authorized Name _____ Title _____
(Print Name)

Authorized Signature _____ Date _____
(Must be Officer or Principle of Agency)

Note: Please use additional copies of this form if you have more than three authorized users.