

Fax- or submit online at www.shipndx.com



Preliminary Questionnaire

Name of legal entity doing business: _____

Address: _____ City: _____ State: _____

Phone: _____ Fax: _____ County: _____

E-Mail: _____ Website: _____

Form of business (Corporate, LLC, etc.): _____ Years in operation: _____

Type of service offered:

_____ Local	<input type="checkbox"/> Same Day	<input type="checkbox"/> Overnight
_____ Intrastate	<input type="checkbox"/> Same Day	<input type="checkbox"/> Overnight
_____ Intrastate Regional	<input type="checkbox"/> Same Day	<input type="checkbox"/> Overnight
_____ National/Int'l	<input type="checkbox"/> Same Day	<input type="checkbox"/> Overnight

Annual sales last 3 years : 2005 _____ 2004 _____ 2003 _____

List all the counties your company currently services within a 45 mile radius:

Number of administrative employees: _____ Employee drivers: _____ Delivery vehicles: _____

Number of independent contractors: _____

Number of computers: _____ Are they networked? _____

What type of computer network: _____

Name of courier software: _____

1-866-Shipndx
www.shipndx.com

To learn more about NDX Franchise opportunities, fax this completed form to 410-747-5495 or mail to:

NDX Franchise
5621 Old Frederick Road
Catonsville, MD 21228

You may also complete this form online at www.shipndx.com.

Thank you.