



-- GLOBAL REACH --
BUSINESS IN MOTION
OFFICEMOVINGALLIANCE.COM

OFFICE MOVING ALLIANCE (OMA) PARTNER PROFILE APPLICATION

The goal of this application is to illustrate how your company is qualified to market and service the OMA Platform and its Partners. Please answer each question with as much detail as possible and provide all requested attachments including photos.

If your application is incomplete in any way, our review of it may be delayed.

1. Company Name: _____
 - a. Legal Entity Name (If different than above): _____
2. Name of Authorized Participating Representative: _____
3. E-mail address of Authorized Participating Representative: _____
4. Phone of Authorized Participating Representative: _____
Office: _____ Cell: _____
5. Headquarters Address: _____
 - a. Legal Mailing Address (If different than above): _____

 - b. Billing Address (If different than above): _____

6. Name(s) of Principal(s) and % of Ownership for each: _____

7. Other Operating Locations (Include complete address): _____

8. What is the total amount of warehouse square footage you operate, per location: _____

9. How many vehicles in your fleet? Please provide a breakdown by type:
Straight Truck: _____ Tractor Trailer: _____
Van: _____ Other: _____
10. List Markets Served (Within 2 Hour Drive of your location): _____
 - a. Do you have salespeople who are exclusively dedicated to Commercial Relocation & Related Services? If so, please list their names and titles: _____

 - b. Are you considering an acquisition in a new market? If so, which one(s)? _____

11. Average annual revenue in Commercial Relocation and related services (see below):

12. Services Offered (Check all that apply) Please also provide the percentage and \$ volume of each service.

- | | | |
|--|---------|-----------------|
| <input type="checkbox"/> Office Moving | _____ % | _____ \$ Volume |
| <input type="checkbox"/> Archive Storage | _____ % | _____ \$ Volume |
| <input type="checkbox"/> Contract Furniture Sales | _____ % | _____ \$ Volume |
| <input type="checkbox"/> Contract Furniture Delivery | _____ % | _____ \$ Volume |
| <input type="checkbox"/> Contract Furniture Installation | _____ % | _____ \$ Volume |
| <input type="checkbox"/> Contract Furniture Cleaning, Repair
and/or Refurbishment | _____ % | _____ \$ Volume |
| <input type="checkbox"/> Hospitality FF&E/OS&E
Delivery & Installation | _____ % | _____ \$ Volume |
| <input type="checkbox"/> 3rd Party Logistics/Distribution | _____ % | _____ \$ Volume |
| <input type="checkbox"/> Decommission Services | _____ % | _____ \$ Volume |
| <input type="checkbox"/> Other: _____ | _____ % | _____ \$ Volume |

13. List four (4) Commercial Relocation customers you can use as a reference:

- a. Have any of these, or other clients showed any interest in a Commercial Relocation Network like OMA or asked you to perform a move in a city other than one you service?

14. Primary Lead Sources (List 3):

15. Primary Banking Reference (Include Bank, Contact, Phone & E-mail):

16. Insurance Broker/Carrier (Include Company, Contact, Phone & E-mail):

17. Please indicate one individual you would dedicate to be your OMA Primary Point of Contact and to participate in regular OMA activities:

18. Please list your firms strengths:

19. What is your competitive advantage within your market?

20. Would you participate in a "Best Practices" program for sharing ideas? YES / NO

21. Please enclose a photo of your Facility as well as your crew next to one of your trucks.

22. Are your employees required to wear uniforms? YES / NO

23. How many Full-time Employees work at your firm? _____ Part-time? _____

a. Do you use Sub-Contractors or Owner Operators? YES / NO

b. If yes, what % of your total business is served by them: _____%

24. Please attach a copy of your Certificate of Insurance.

25. Please list five (3) benefits you would like to receive as a result of joining OMA.

Application completed by:

Printed name: _____ Date: _____

Signature: _____

Thank you for making the investment to complete this application.

Please feel free to contact the membership committee if you need clarification on any information requested on this application.

Your application will be carefully reviewed and considered by our Board of Directors

We may contact you for clarifications or for further information.

Please submit all information to:

Doug Hollingshead at dough@officemovingalliance.com