

## **SourceOne Transportation, Inc.**

P.O. Box 1196  
Grapevine, TX 76099

972-739-6800 (office)  
972-574-0707 (fax)

[www.sourceonetrans.com](http://www.sourceonetrans.com)

Dear Customer,

Thank you for selecting SourceOne Transportation; you made the right decision.

Unparalleled performance for SourceOne customers across the country means you can rest assured of better pricing, time definite service and relentless customer care. As SourceOne's President, I stand behind our organization's commitment to that performance and to your total satisfaction.

SourceOne Transportation was created by top industry executives with a single mission to change what people could expect from a logistics provider. If you have any ideas on how we can improve our service to you, please call me direct at 972-739-6800 or email me at [chogeland@sourceonetrans.com](mailto:chogeland@sourceonetrans.com). Your opinions matter greatly to us.

I wanted to personally thank you for your business. We appreciate your confidence in selecting SourceOne Transportation and look forward to being your logistics choice, this time, next time and every time you need extraordinary value at no additional cost.

Sincerely,

Craig Hogeland  
President



## CREDIT APPLICATION

**Fax To: 972-574-0707**

EXACT CORPORATE NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

STATE OF INCORPORATION: \_\_\_\_\_ DATE INCORPORATED: \_\_\_\_\_

D&B# \_\_\_\_\_ FEDERAL ID#: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE: (    ) \_\_\_\_\_ FAX: (    ) \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

A/P CONTACT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

TELEPHONE: (    ) \_\_\_\_\_ FAX: (    ) \_\_\_\_\_

### BANK REFERENCES

BANK NAME: \_\_\_\_\_ ACCOUNT#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT: \_\_\_\_\_

### TRADE REFERENCES

NAME:	NAME:
ADDRESS:	ADDRESS:
TELEPHONE: (    )      FAX: (    )	TELEPHONE: (    )      FAX: (    )
ACCOUNT TYPE:      No:	ACCOUNT TYPE:      No:
NAME:	NAME:
ADDRESS:	ADDRESS:
TELEPHONE: (    )      FAX: (    )	TELEPHONE: (    )      FAX: (    )
ACCOUNT TYPE:      No:	ACCOUNT TYPE:      No:

It is requested that credit privileges be extended to the company making application herein. It is agreed that all charges will be paid within the designated terms of thirty (30) days from the date of the invoice. Failure to do so will result in the withdrawal of credit privileges and any special provisions granted. It is understood that payments not received within thirty (30) days from the invoice date will be assessed a service charge of one percent (1.0%) or minimum of \$10 per month or fraction thereof. It is further understood that the company making application will be responsible for and pay all costs of collecting past-due amounts, including collection and attorney fees, whether or not suit is filed. Venue for all legal actions shall be in Tarrant County, Texas. By the signature below you authorized SourceOne Transportation, Inc. to collect, request, and review credit and banking information about applicant's company.

SIGNATURE OF CORPORATE OFFICER \_\_\_\_\_

PRINT NAME \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

Mail to: SourceOne Transportation, Inc, P.O. Box 1196, Grapevine TX 76099

Fax: (972) 574-0707

Credit App (02/05)

<b>ACORD<sup>TM</sup> CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 7/15/2008
<b>PRODUCER</b> Commercial Lines ... 650-839-6000 ABD Insurance & Financial Services 305 Walnut Street Redwood City, CA 94063	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
<b>INSURED</b> Source One Transportation, Inc. Attn: Craig Hogeland P.O. Box 1196 Grapevine TX 76099	<b>INSURERS AFFORDING COVERAGE</b> INSURER A: Federal Insurance Company INSURER B: American Home Assurance Company INSURER C: The Travelers Indemnity Co of America INSURER D: INSURER E:	<b>NAIC #</b> 20281 19380 25666   


**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS				
A	<b>GENERAL LIABILITY</b>	GL3344429	4/7/2008	4/7/2009	EACH OCCURRENCE	\$	1,000,000		
	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>				DAMAGE TO RENTED PREMISES (Per occurrence)	\$	100,000		
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$			
	<input checked="" type="checkbox"/> BIPD Ded: \$2,500				PERSONAL & ADV INJURY	\$	1,000,000		
					GENERAL AGGREGATE	\$	2,000,000		
					PRODUCTS - COMP/OP AGG	\$	2,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:								
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC								
	<b>AUTOMOBILE LIABILITY</b>								
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Per accident)	\$	
<input type="checkbox"/> ALL OWNED AUTOS			BODILY INJURY (Per person)	\$					
<input type="checkbox"/> SCHEDULED AUTOS			BODILY INJURY (Per accident)	\$					
<input type="checkbox"/> HIRED AUTOS			PROPERTY DAMAGE (Per accident)	\$					
<input type="checkbox"/> NON-OWNED AUTOS									
	<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT	\$			
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$			
				AUTO ONLY: AGG	\$				
	<b>EXCESS/UMBRELLA LIABILITY</b>				EACH OCCURRENCE	\$			
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$			
						\$			
	<input type="checkbox"/> DEDUCTIBLE					\$			
	<input type="checkbox"/> RETENTION \$					\$			
						\$			
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	WC3427276AOS	04/01/2008	04/01/2009	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER				
	<b>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?</b>	WC3427277CA	04/01/2008	04/01/2009	E.L. EACH ACCIDENT	\$	1,000,000		
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000		
					E.L. DISEASE - POLICY LIMIT	\$	1,000,000		
C	<b>OTHER</b>								
	Contingent Motor Truck Cargo	QT6601596C395TIL08	04/01/2008	04/01/2009	\$100,000 Ded. \$2,500				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Evidence of Coverage

**CERTIFICATE HOLDER****CANCELLATION** Ten Day Notice for Non-Payment

Evidence of Coverage	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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U.S. Department of Transportation  
Federal Motor Carrier Safety Administration

400 7th Street SW  
Washington, DC 20590

**SERVICE DATE**  
April 25, 2006

**LICENSE**  
**MC-558676-B**  
**SOURCEONE TRANSPORTATION, INC**  
**GRAPEVINE, TX**

This License is evidence of the applicant's authority to engage in operations, in interstate or foreign commerce, as a broker, arranging for transportation of freight (except household goods) by motor vehicle.

This authority will be effective as long as the broker maintains insurance coverage for the protection of the public (49 CFR 387) and the designation of agents upon whom process may be served (49 CFR 386). The applicant shall also render reasonably continuous and adequate service to the public. Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

A handwritten signature in black ink, appearing to read "Angel Sebastian".

Angel Sebastian, Chief  
Information Systems Division

BPO

## Request for Taxpayer Identification Number and Certification

Give form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return)

SourceOne Transportation

Business name, if different from above

Check appropriate box: ☐ Individual/Sole proprietor ☒ Corporation ☐ Partnership  
☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ .....  
☐ Other (see instructions) ▶

☐ Exempt  
payee

Address (number, street, and apt. or suite no.)

1639 W. 23rd St. Suite 130

City, state, and ZIP code

Dallas TX 75261

Requester's name and address (optional)

List account number(s) here (optional)

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

or

Employer identification number

2014296513

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign  
Here

Signature of  
U.S. person ▶

Date ▶

1/1/2009

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,