

To: Transportation Department

RE: Logistics Packet

Thank you for the opportunity to service your transportation needs. Attached are documents that will assist you in establishing Circle Logistics as your transportation provider. We have included:

• Operating Authority

• Certificate of Liability/Cargo Insurance

• Certificate of Worker's Compensation Insurance

• W-9

Phone: 260-208-4500 Fax: 317-324-9919 Federal ID# - 45-3296211

MC# - 299953 U.S. DOT# - 635676

SCAC - CLNC

Equipment Available – Flats, Steps, Double Drops, Dry Van, Specialized General Email for a Quote – <u>dispatch@circledelivers.com</u> Remit to address: P.O. Box 8067, Fort Wayne, IN 46898-8067

Transportation Key Contacts:

| Eric V. Fortmeyer, President | Chad M. Buchanan, C.F.O. |
|------------------------------------|--------------------------------------|
| (260) 208-4500, Ext. 1005 | (260) 208-4500, Ext. 1004 |
| eric.fortmeyer@clinow.com | <u>chad@clinow.com</u> |
| Derek Holst, Operations Department | Aaron Belcher, Operations Department |
| (260) 208-4500, Ext. 1007 | (260) 208-4500, Ext. 1030 |
| dholst@clinow.com | abelcher@circledelivers.com |
| Heath Bodkin, Driver Recruiting | Dustin Kissling, Credit Department |
| (260) 208-4500, Ext. 1001 | (260) 208-4500, Ext. 1033 |
| hbodkin@circledelivers.com | dkissling@circledelivers.com |
| Thomas Pruesse, Safety Director | Yolanda Gonzalez, Office Manager |
| (260) 208-4500, Ext. 1003 | (260) 208-4500, Ext. 1025 |
| tpruesse@circledelivers.com | ygonzalez@circledelivers.com |

PM-31 (Rev. 1/95)

SERVICE DATE April 02, 1996

FEDERAL HIGHWAY ADMINISTRATION

PERMIT

MC 299953 SUB 0 P CIRCLE LOGISTICS, INC. Fort Wayne, IN

This Permit is evidence of the carrier's authority to engage in transportation as a contract carrier of property (except household goods) by motor vehicle in interstate or foreign commerce.

This authority will be effective as long as the carrier maintains compliance with the requirements pertaining to insurance coverage for the protection of the public (49 CFR 1043) and the designation of agents upon whom process may be served (49 CFR 1044). Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

Service must be performed under a continuing agreement with one or more persons.

JOHN F. GRIMM Director, Office of Motor Carrier Information Analysis

NOTE: Willful and persistent noncompliance with applicable safety fitness regulations as evidenced by a DOT safety fitness rating of "Unsatisfactory" or by other indicators, could result in a proceeding requiring the holder of this certificate or permit to show cause why this authority should not be suspended or revoked.

Client#: 43618 CIRCLELO

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/11/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| PRODUCER | CONTACT Michelle Eder | | | | | | |
|--|--|-------------------|--|--|--|--|--|
| Marvin Johnson & Associates | | No): 812 348-7474 | | | | | |
| 305 Washington St | E-MAIL ADDRESS: meder@mjai.com | | | | | | |
| P.O. Box 1849 | PRODUCER CUSTOMER ID #: | | | | | | |
| Columbus, IN 47201 | INSURER(S) AFFORDING COVERAGE | NAIC # | | | | | |
| INSURED CIPCLE LOCIOTICO INC | INSURER A: Great West Casualty Company | 11371 | | | | | |
| CIRCLE LOGISTICS INC | INSURER B: Travelers Insurance | 36161 | | | | | |
| P.O. BOX 8067 FORT WAYNE, IN 46898-8067 | INSURER C: | | | | | | |
| FORT WATNE, IN 40090-0007 | INSURER D: | | | | | | |
| | INSURER E: | | | | | | |
| | INSURER F: | | | | | | |

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| ISR TR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | s |
|-----------|---|--------------|-------------|--------------------|----------------------------|----------------------------|---|--------------------------|
| A | GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY | | | GWP91146E | 01/01/2016 | 01/01/2017 | EACH OCCURRENCE DAMAGE TO RENTED | \$3,000,000 \$100,000 |
| | CLAIMS-MADE X OCCUR | | | | | | PREMISES (Ea occurrence) MED EXP (Any one person) | \$5,000 |
| | | | | | | | PERSONAL & ADV INJURY | \$3,000,000 |
| | | | | | | | GENERAL AGGREGATE | \$3,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | PRODUCTS - COMP/OP AGG | \$3,000,000 |
| | X POLICY PRO- JECT LOC | | | | | | | \$ |
| 4 | AUTOMOBILE LIABILITY ANY AUTO | | | GWP91146E | 01/01/2016 | 01/01/2017 | COMBINED SINGLE LIMIT (Ea accident) | \$1,000,000 |
| | | | | | | | BODILY INJURY (Per person) | \$ |
| | ALL OWNED AUTOS | | | | | | BODILY INJURY (Per accident) | \$ |
| | SCHEDULED AUTOS HIRED AUTOS | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | NON-OWNED AUTOS | | | | | | Value | \$\$30,000 |
| | X Trir Interchnge | | | | | | Comp/Coll | \$\$1,000 Ded |
| | UMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENCE | \$ |
| | EXCESS LIAB CLAIMS-MADE | : | | | | | AGGREGATE | \$ |
| | DEDUCTIBLE | | | | | | | \$ |
| | RETENTION \$ | | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | WC STATU- OTH- TORY LIMITS ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N/A | | | | | E.L. EACH ACCIDENT | \$ |
| | (Mandatory in NH) | 1 | | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | \$ |
| 3 | Cargo | | | QT6606F248898TIL16 | 01/01/2016 | 01/01/2017 | Limit \$250,000 | |
| | | | | | | | Deductible \$2,500 | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required

| CERTIFICATE HOLDER | CANCELLATION |
|------------------------------|--|
| ** INSURED'S OWN PURPOSES ** | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| | AUTHORIZED REPRESENTATIVE |
| | En Ring |

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Client#: 45759 CIRCLELOG

ACORD...

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/29/15

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | . , | | | | | | | | |
|-----------------------------|-------------------|--|-------|----------|--|--|--|--|--|
| PRODUCER | | CONTACT Alyse Rutherford | | | | | | | |
| Johnson Witkemper Insurance | • | PHONE (A/C, No, Ext): 812 372-7829 FAX (A/C, No): 812-372-00 | | | | | | | |
| 305 Washington St | | E-MAIL ADDRESS: arutherford@jwinsurance.com | | | | | | | |
| P.O. Box 1569 | | PRODUCER CUSTOMER ID #: | | | | | | | |
| Columbus, IN 47201 | | INSURER(S) AFFORDING COV | ERAGE | NAIC # | | | | | |
| INSURED | | INSURER A: Cincinnati Insurance Co. | | 10677 | | | | | |
| Circle Logistics Inc. |). | INSURER B: | | | | | | | |
| PO Box 8067 | •• | INSURER C: | | | | | | | |
| Fort Wayne, IN 4689 | 98 | INSURER D: | | | | | | | |
| | | INSURER E : | | 1 | | | | | |
| | | INSURER F: | | <u>-</u> | | | | | |
| COVERAGEO | OFFICIOATE NUMBER | DEVICION NU | MDED | | | | | | |

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | s |
|-------------|---|--------------|-------------|---------------|----------------------------|----------------------------|---|-------------|
| | GENERAL LIABILITY | | | | | | EACH OCCURRENCE | \$ |
| | COMMERCIAL GENERAL LIABILITY | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ |
| | CLAIMS-MADE OCCUR | | | | | | MED EXP (Any one person) | \$ |
| | | | | | | | PERSONAL & ADV INJURY | \$ |
| | | | | | | | GENERAL AGGREGATE | \$ |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | PRODUCTS - COMP/OP AGG | \$ |
| | POLICY PRO- JECT LOC | | | | | | | \$ |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| | ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ |
| | ALL OWNED AUTOS | | | | | | BODILY INJURY (Per accident) | \$ |
| | SCHEDULED AUTOS HIRED AUTOS | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | NON-OWNED AUTOS | | | | | | | \$ |
| | | | | | | | | \$ |
| | UMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENCE | \$ |
| | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | \$ |
| | DEDUCTIBLE | | | | | | | \$ |
| | RETENTION \$ | | | | | | | \$ |
| Α | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | Υ | WC1869194 | 01/01/2016 | 01/01/2017 | X WC STATU- TORY LIMITS OTH- ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE | N/A | | | | | E.L. EACH ACCIDENT | \$1,000,000 |
| | (Mandatory in NH) | 147 | | | E.L. DISEASE - EA EMPLOYEE | \$1,000,000 | | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | \$1,000,000 |
| | | | | | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

| CERTIFICATE HOLDER | CANCELLATION |
|---|--|
| Registry Monitoring Insurance Services, Inc. 5703 Corsa Avenue, First Floor | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| WESTLAKE VILLAGE, CA 91362 | AUTHORIZED REPRESENTATIVE |
| , | Jun Eur. |

CANCELLATION

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CERTIFICATE HOLDER

Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

| | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. | | | | • | | | | | | | |
|---|--|----------------------------|---|----------------------------|----------------------|------|-------------------|-------------|---------|--|--|--|
| | Circle Logistics Inc | | | | | | | | | | | |
| Je 2. | 2 Business name/disregarded entity name, if different from above | | | | | | | | | | | |
| Print or type Specific Instructions on page | 3 Check appropriate box for federal tax classification; check only one of the following seven boxes: ☐ Individual/sole proprietor or ☐ C Corporation ☑ S Corporation ☐ Partnership single-member LLC ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnersh Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the tax classification of the single-member owner. | state ve for | Exempt payee code (if any) | | | | | | | | | |
| rin | Other (see instructions) | | (Applies to accounts maintained outside the U.S.) | | | | | | | | | |
| Fific | | Requester's | | | | | | | | | | |
| bec | P.O. Box 8067 | | | | • • • | | • | | | | | |
| S | 6 City, state, and ZIP code | | | | | | | | | | | |
| See | Fort Wayne, IN 46898-8067 | | | | | | | | | | | |
| | 7 List account number(s) here (optional) | | | | | | | | | | | |
| Par | Taxpayer Identification Number (TIN) | | | | | | | | - | | | |
| | your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoi | d So | cial secu | ritv r | number | | | | | | | |
| backuj | p withholding. For individuals, this is generally your social security number (SSN). However, for nt alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other s, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i> | а | | _ | | - | | | | | | |
| | page 3. | or | | | | | | ' | _ | | | |
| | If the account is in more than one name, see the instructions for line 1 and the chart on page 4 | for Em | ployer id | oyer identification number | | | | | | | | |
| guideli | nes on whose number to enter. | 4 | 5 - | 3 | 2 9 | 6 | 2 1 | 1 | | | | |
| 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 issu | ed t | o me); a | nd | | | | | | |
| Ser | 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 | | | | | | | | e am | | | |
| 3. ! an | n a U.S. citizen or other U.S. person (defined below); and | | | | | | | | | | | |
| 4. The | FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting | is correct. | | | | | | | | | | |
| becaus interes genera instruc | cation instructions. You must cross out item 2 above if you have been notified by the IRS that se you have failed to report all interest and dividends on your tax return. For real estate transac t paid, acquisition or abandonment of secured property, cancellation of debt, contributions to a lly, payments other than interest and dividends, you are not required to sign the certification, b tions on page 3. | tions, item an individu | 2 does al retirer | not î neni | apply. F t arrang | or m | ortgag nt (IRA | e), and | d d | | | |
| Sign Here | Signature of U.S. person ► AM. Bucharan Date | ▶ 01-19 | 9-2015 | | | | | | | | | |
| | eral Instructions • Form 1098 (home mortg (tuition) references are to the Internal Revenue Code unless otherwise noted. • Form 1099-C (canceled | • |), 1098-E | (stud | dent loan | inte | est), 10 | 98-T | | | | |

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- 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, and
- 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.

TRANSPORTATION CREDIT APPLICATION

CONFIDENTIAL

PAGE 1 OF 2

Please fill out completely and return to credit@circledelivers.com or fax to 317-324-9919



BILLING INFORMATION (If affiliate/subsidiary, indicate parent company) REGISTERED BUSINESS NAME: DOING BUSINESS AS (DBA): (IF THE SAME AS ABOVE, INDICATE "SAME") INVOICING/BILLING ADDRESS: ZIP/POSTAL CODE: STATE/PROVINCE: CITY: PRINCIPALS NAME: (PARTNERS/OWNERS/OFFICERS) TITLE: FAX: MOBILE: PHONE/EXT.: FAX: CONTROLLER/A/P CONTACT: PHONE/EXT.: FED ID NO/IRS NO. (USA): BIN NO. (CANADA): BUSINESS ESTABLISHED (MONTH/YEAR): **DUNN & BRADSTREET:** CORPORATION: OTHER: SOLE PROPRIETORSHIP: PARTNERSHIP: REQUESTED CREDIT LIMIT: SPECIAL BILLING INSTRUCTIONS: **BUSINESS/TRADE REFERENCES** COMPANY NAME: EMAIL: FAX: PHONE: COMPANY NAME: FAX: EMAIL: PHONE: COMPANY NAME: EMAIL: FAX: PHONE: **BUSINESS BANKING INFORMATION** NAME OF BANK: ADDRESS: STATE/PROVINCE: ZIP/POSTAL CODE: CITY: PHONE: FAX: CONTACT: ACCOUNT NO.: BRANCH/INSTITUTION NO./ROUTING NO.: CREDIT CARD AUTHORIZATION (Optional) I/We, authorize Circle Logistics to charge my/our VISA/Master Card/ American Express for any outstanding debts or purchases that I/we/customer/applicant may make. (5% fee applies) EXPIRATION DATE: VISA/MC/AMEX #: SIGNATURE: NAME ON CREDIT CARD: OFFICE USE ONLY REP: CREDIT LIMIT: CUSTOMER CODE: APPROVED BY: DATE:

TRANSPORTATION CREDIT APPLICATION © Circle Logistics CONFIDENTIAL Personalized Logistics and Transportation Solutions



PAGE 2 OF 2

| If your shipping/receiving | address is the same | as above just i | ndicate "same" in the first field below. | | | | |
|---|--|--|---|--|--|--|--|
| | SHIPPING/RE | CEIVING ADI | DRESS | | | | |
| ADDRESS: | CITY: | | STATE/PROVINCE: | | | | |
| ZIP/POSTAL CODE: | PHONE/EXT.: | *************************************** | MOBILE: | | | | |
| FAX: | | PRIMARY EMA | IL: | | | | |
| PRIMARY BUSINESS CONTACT: | | | | | | | |
| HOURS OF OPERATION FROM: | HOURS TO: | | PRIMARY COMMODITY: | | | | |
| SPECIAL INSTRUCTIONS: | | | | | | | |
| APPOINTMENT REQUIRED? | | REQUESTED E | QUIPMENT: | | | | |
| SHIPPING/RECEIVING CONTACT NAM | E: | PHONE: | | | | | |
| FAX: | | EMAIL: | | | | | |
| CANADIAN CUSTOMS BROKER: | | u.s. customs | BROKER: | | | | |
| PHONE: | AW 50 | PHONE: | PHONE: | | | | |
| FAX: | | FAX: | FAX: | | | | |
| EMAIL: | | EMAIL: | EMAIL: | | | | |
| CI | RCLE LOGISTICS, INC | C TERMS AND | CONDITIONS | | | | |
| | | | lays of the date of the invoice. | | | | |
| Full ter | ms & conditions can be | | | | | | |
| | UNDERSIGNED A | PPLICANT AG | BREEMENT | | | | |
| www.circledelivers.com - I/We understand and agree to pay - I/We understand and agree to pay - I/We have read and agree to abid - I/We consent to the obtaining of by applied for or renewal or extension | y any/all costs including 20 y all legal and collection fe e by Circle Logistics, Inc to ank/credit information as in thereof and to the discloto to any person with the und | % per month comp les in addition to the lerms and condition may be required at lesure of credit infor lersigned who has | any time in connection with the credit hereby mation concerning me/us and my/our company or purports to have financial relations. | | | | |
| | AUTHORI | ZED OFFICER | R(S) | | | | |
| NAME (PRINT): | The second secon | NAME (PRINT): | | | | | |
| TITLE: | TITLE: | | | | | | |
| SIGNATURE: | | SIGNATURE: | | | | | |





The U.S. Environmental Protection Agency recognizes

Circle Logistics, Inc

As a Registered

SmartWay® Transport Partner

SmartWay ID: 12839527 Expires: 03/04/2016

Cheryl Bynum

Cheryl Bynum

Center Director, SmartWay Transport Partnership