



Circle Logistics

Personalized Logistics and Transportation Solutions

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 – dispatch@circledelivers.com

Remit to address: P.O. Box 8067, Fort Wayne, IN 46898-8067

Transportation Key Contacts:

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

PM-31
(Rev. 1/95)

SERVICE DATE
April 02, 1996

FEDERAL HIGHWAY ADMINISTRATION

PERMIT

MC 299953 SUB O 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.

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.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Circle Logistics Inc	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.) P.O. Box 8067	Requester's name and address (optional)
	6 City, state, and ZIP code Fort Wayne, IN 46898-8067	
	7 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 generally 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.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number	
[] [] [] - [] [] - [] [] [] []	
or	
Employer identification number	
4 5 - 3 2 9 6 2 1 1	

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 3.

Sign Here Signature of U.S. person ▶ *Chad M. Buchanan* Date ▶ 01-19-2015

General Instructions

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

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 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- 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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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
- 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

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



PAGE 1 OF 2

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:			
CITY:	STATE/PROVINCE:	ZIP/POSTAL CODE:	
PRINCIPALS NAME: (PARTNERS/OWNERS/OFFICERS)		TITLE:	
PHONE/EXT.:	MOBILE:	FAX:	
CONTROLLER/A/P CONTACT:	PHONE/EXT.:	FAX:	
BIN NO. (CANADA):		FED ID NO/IRS NO. (USA):	
DUNN & BRADSTREET:		BUSINESS ESTABLISHED (MONTH/YEAR):	
SOLE PROPRIETORSHIP: <input type="checkbox"/>	PARTNERSHIP: <input type="checkbox"/>	CORPORATION: <input type="checkbox"/>	OTHER: <input type="checkbox"/>
SPECIAL BILLING INSTRUCTIONS:		REQUESTED CREDIT LIMIT:	

BUSINESS/TRADE REFERENCES		
COMPANY NAME:		
PHONE:	FAX:	EMAIL:
COMPANY NAME:		
PHONE:	FAX:	EMAIL:
COMPANY NAME:		
PHONE:	FAX:	EMAIL:

BUSINESS BANKING INFORMATION		
NAME OF BANK:		
ADDRESS:		
CITY:	STATE/PROVINCE:	ZIP/POSTAL CODE:
CONTACT:	PHONE:	FAX:
BRANCH/INSTITUTION NO./ROUTING NO.:		ACCOUNT 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)	
VISA/MC/AMEX #:	EXPIRATION DATE:
NAME ON CREDIT CARD:	SIGNATURE:

OFFICE USE ONLY				
CUSTOMER CODE:	APPROVED BY:	DATE:	CREDIT LIMIT:	REP:

If your shipping/receiving address is the same as above just indicate "same" in the first field below.		
SHIPPING/RECEIVING ADDRESS		
ADDRESS:	CITY:	STATE/PROVINCE:
ZIP/POSTAL CODE:	PHONE/EXT.:	MOBILE:
FAX:	PRIMARY EMAIL:	
PRIMARY BUSINESS CONTACT:		
HOURS OF OPERATION FROM:	HOURS TO:	PRIMARY COMMODITY:
SPECIAL INSTRUCTIONS:		
APPOINTMENT REQUIRED?	REQUESTED EQUIPMENT:	
SHIPPING/RECEIVING CONTACT NAME:	PHONE:	
FAX:	EMAIL:	
CANADIAN CUSTOMS BROKER:	U.S. CUSTOMS BROKER:	
PHONE:	PHONE:	
FAX:	FAX:	
EMAIL:	EMAIL:	
CIRCLE LOGISTICS, INC TERMS AND CONDITIONS		
Circle Logistics, Inc terms are full payment within 30 days of the date of the invoice. Full terms & conditions can be found at www.circledelivers.com		

UNDERSIGNED APPLICANT AGREEMENT	
<ul style="list-style-type: none"> - I/We agree to pay all Circle Logistics, Inc. invoices in full in consideration of extended credit per Circle Logistics, Inc. terms at www.circledelivers.com - I/We understand and agree to pay any/all costs including 2% per month compounded monthly, on any overdue balance until paid. - I/We understand and agree to pay all legal and collection fees in addition to the amount owed plus the interest charges. - I/We have read and agree to abide by Circle Logistics, Inc terms and conditions at www.circledelivers.com - I/We consent to the obtaining of bank/credit information as may be required at any time in connection with the credit hereby applied for or renewal or extension thereof and to the disclosure of credit information concerning me/us and my/our company to and credit reporting agency or to any person with the undersigned who has or purports to have financial relations. - I/We certify that the information contained in this application is true and correct. 	
AUTHORIZED OFFICER(S)	
NAME (PRINT):	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

A handwritten signature in blue ink, appearing to read "Cheryl Bynum".

Cheryl Bynum
Center Director, SmartWay Transport Partnership