



# 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

Brokerage MC# - 761291

SCAC – CLNC; Brokerage SCAC - CLIM

Equipment Available – Flats, Steps, Double Drops, Dry Van, Specialized

General Email for a Quote – [dispatch@clinow.com](mailto:dispatch@clinow.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 <a href="mailto:eric.fortmeyer@clinow.com">eric.fortmeyer@clinow.com</a>	Chad M. Buchanan, C.F.O. (260) 208-4500, Ext. 1004 <a href="mailto:chad@clinow.com">chad@clinow.com</a>
Derek Holst, Operations Department (260) 208-4500, Ext. 1007 <a href="mailto:dholst@clinow.com">dholst@clinow.com</a>	Aaron Belcher, Operations Department (260) 208-4500, Ext. 1030 <a href="mailto:abelcher@circledelivers.com">abelcher@circledelivers.com</a>
Jennifer Bloom, Driver Recruiting (260) 440-7540 <a href="mailto:jbloom@circledelivers.com">jbloom@circledelivers.com</a>	Credit Department (260) 208-4500, Ext. 8000 <a href="mailto:credit@circledelivers.com">credit@circledelivers.com</a>
Safety Department (260) 208-4500, Ext. 2012 <a href="mailto:safety@circledelivers.com">safety@circledelivers.com</a>	Billing Department (260) 208-4500, Ext. 2003 <a href="mailto:billing@circledelivers.com">billing@circledelivers.com</a>

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.



April 16, 2013

CHAD BUCHANAN  
CIRCLE LOGISTICS INC  
4808 KROEMER RD  
FORT WAYNE, IN 46818

CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) RENEWAL

The Standard Carrier Alpha Code of **CLNC** has been renewed for:

CIRCLE LOGISTICS INC  
4808 KROEMER RD  
FORT WAYNE, IN 46818  
MC- 299953  
US DOT- 635676

This Alpha Code will apply only to the company name shown above through June 30, 2014. A renewal notice will be mailed approximately one month prior to expiration and must be returned promptly together with payment to ensure its continued validity. Should the company name or address change, please notify the National Motor Freight Association, Inc. at the address above.

Alpha Codes ending with the letter "U" have been reserved for the identification of freight containers. If your Alpha Code ends with the letter "U", it should be used only for this purpose. A non-U ending Alpha Code should be obtained to satisfy other requirements such as company identification for Customs, Electronic Data Interchange, freight payments, etc.

If you participate in the Bureau of Customs and Border Protection (BCBP) automated programs (ACE, AMS, CAFES, FAST, PAPS), your SCAC and related company information has been sent to BCBP electronically and is updated on a nightly basis. If you have encountered a problem using your SCAC with BCBP, or a copy this letter has been requested by BCBP, only then should you forward the requested information (email preferred as a PDF or TIF attachment) to the following address:

CBP SCAC Processing  
Bureau of Customs and Border Protection  
7681 Boston Blvd., Beauregard 1st Fl Wing A  
Springfield, VA 22153  
AMS.SCAC@DHS.GOV

NOTICE: Renewal of the above listed SCAC is unrelated to participation in the National Motor Freight Classification (NMFC). Further, it does not confer membership in the National Motor Freight Traffic Association, Inc. nor allow use of the NMFC in connection with freight rates. For participation and membership information, please call (703) 838-1810



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/21/2017

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).

<b>PRODUCER</b> Marvin Johnson & Associates Johnson-Witkemper (Cincinnati) 305 Washington St Columbus IN 47201	<b>CONTACT NAME:</b> Michelle Eder <b>PHONE (A/C, No, Ext):</b> 812-372-0841 <b>E-MAIL ADDRESS:</b> meder@mjai.com		<b>FAX (A/C, No):</b> 812-348-7474
	<b>INSURER(S) AFFORDING COVERAGE</b>		
<b>INSURED</b> Circle Logistics Inc Circle Logistics II Inc P.O. BOX 8067 Fort Wayne IN 46898-8067	CIRCLOG-01		<b>INSURER A:</b> Great West Casualty Company <b>INSURER B:</b> Travelers Insurance Companies <b>INSURER C:</b> AXIS Surplus Insurance Company <b>INSURER D:</b> Cincinnati Insurance Co. <b>INSURER E:</b> <b>INSURER F:</b>
			NAIC #
			11371
			28188
			26620
			10677

**COVERAGES**

CERTIFICATE NUMBER: 728940432

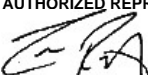
REVISION NUMBER:

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GWP91146G	1/1/2018	1/1/2019	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> Trlr Intchg <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			GWP91146G	1/1/2018	1/1/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							Value \$30,000	\$ Comp/Coll \$1,000
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			EAU791167/01/2018	1/1/2018	1/1/2019	EACH OCCURRENCE	\$ 2,000,000
							AGGREGATE	\$ 2,000,000
								\$
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			EWC0360890	1/1/2018	1/1/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
B	Cargo Incl Reefer Breakdown			QT6606F248898TIL18	1/1/2018	1/1/2019	Limit \$250,000	Ded \$2,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Excess Liability is over and in addition to the Auto, General, & Employers Liability

**CERTIFICATE HOLDER****CANCELLATION**

Circle Logistics, Inc. P.O. Box 8067 Fort Wayne IN 46898	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 

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/8/2018

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).

<b>PRODUCER</b> Johnson-Witkemper 305 Washington St Columbus IN 47201	<b>CONTACT NAME:</b> Alyse Rutherford		<b>FAX (A/C, No):</b> 812-372-0026
	<b>PHONE (A/C, No, Ext):</b> 812-372-7829	<b>E-MAIL ADDRESS:</b> arutherford@jwinsurance.com	
<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>
<b>INSURER A:</b> Cincinnati Insurance Co.			10677
<b>INSURED</b> Circle Logistics, Inc. PO Box 8067 Fort Wayne IN 46898	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

**COVERAGES**

CERTIFICATE NUMBER: 256541458

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$	
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$	
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	EWC0360890	1/1/2018	1/1/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

**CERTIFICATE HOLDER****CANCELLATION**

FOR INSURED'S 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

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# Request for Taxpayer Identification Number and Certification

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

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>	
<p><b>2</b> Business name/disregarded entity name, if different from above</p>	
<p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC                 <input type="checkbox"/> C Corporation                 <input type="checkbox"/> S Corporation                 <input type="checkbox"/> Partnership                 <input type="checkbox"/> Trust/estate         </p> <p> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____         </p> <p><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p> <input type="checkbox"/> Other (see instructions) ► _____         </p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p>	<p>Requester's name and address (optional)</p>
<p><b>6</b> City, state, and ZIP code</p>	
<p><b>7</b> List account number(s) here (optional)</p>	

## 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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>											
				-			-				
<b>or</b>											
<b>Employer identification number</b>											
				-							

## 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 for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ►	Date ► 1-2-2018
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## General Instructions

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### 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-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)

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- 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, later.*

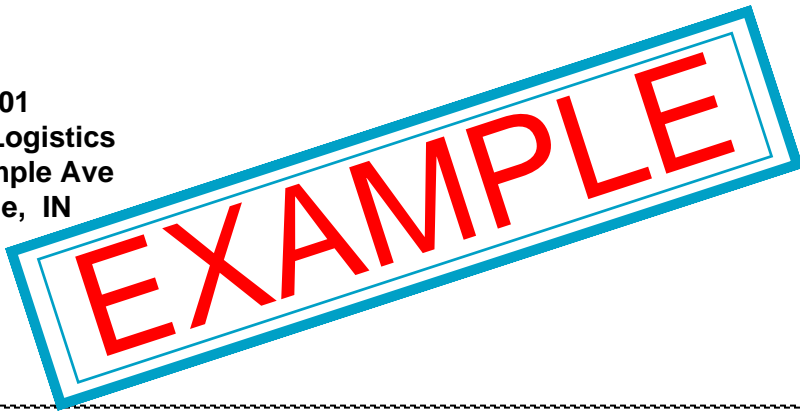
Circle Logistics, Inc  
P.O. Box 8067  
Fort Wayne, IN 46898-8067  
260-208-4500

Invoice No: 1010123  
Invoice Date: 01/01/2017  
Ship Date: 12/31/2016

Shipper:  
ABC123 Warehouse  
9876 Example Ave  
Bluffton, OH 45817

Consignee:  
We Haul Freight, Inc  
5432 Example Ave  
Spring Hill, TN 37174

Bill To: 1001  
Example Logistics  
1234 Example Ave  
Fort Wayne, IN  
46898



Show invoice number on your remittance and any correspondence.

Bill Of Lading	PickUp No.	Purchase No.	Reference No.	Manifest	Agent Code
1234567890	987654		3210		101

Description	Miles	Weight	Min Wt.	Rate	Amount
Commodity: Aluminum	555	8000		Flat	1,500.00

**Total Charges**  
US Dollars

\$ 1,500.00

TERMS: Net 30 days subject to a finance charge of 1 1/2%, or 18% annually on unpaid invoices after 30 days. Collection costs, including legal fees and court costs, will be assessed to any past due amount.

Thank you for your business - [www.circledelivers.com](http://www.circledelivers.com)  
Email Inquires to [freightpay@circledelivers.com](mailto:freightpay@circledelivers.com)



# TRANSPORTATION CREDIT APPLICATION

## CONFIDENTIAL

Please fill out completely and return to [credit@circledelivers.com](mailto:credit@circledelivers.com) or fax to 317-324-9919



PAGE 1 OF 2

<b>BILLING INFORMATION</b> (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:	

<b>BUSINESS/TRADE REFERENCES</b>		
COMPANY NAME:		
PHONE:	FAX:	EMAIL:
COMPANY NAME:		
PHONE:	FAX:	EMAIL:
COMPANY NAME:		
PHONE:	FAX:	EMAIL:

<b>BUSINESS BANKING INFORMATION</b>		
NAME OF BANK:		
ADDRESS:		
CITY:	STATE/PROVINCE:	ZIP/POSTAL CODE:
CONTACT:	PHONE:	FAX:
BRANCH/INSTITUTION NO./ROUTING NO.:		ACCOUNT NO.:

<b>CREDIT CARD AUTHORIZATION</b> (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:

<b>OFFICE USE ONLY</b>				
CUSTOMER CODE:	APPROVED BY:	DATE:	CREDIT LIMIT:	REP:



**TRANSPORTATION CREDIT APPLICATION**  
**CONFIDENTIAL**



PAGE 2 OF 2

<b>If your shipping/receiving address is the same as above just indicate "same" in the first field below.</b>		
<b>SHIPPING/RECEIVING ADDRESS</b>		
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:	
<b>CIRCLE LOGISTICS, INC TERMS AND CONDITIONS</b>		
Circle Logistics, Inc terms are full payment within 30 days of the date of the invoice. Full terms & conditions can be found at <a href="http://www.circledelivers.com">www.circledelivers.com</a>		

<b>UNDERSIGNED APPLICANT AGREEMENT</b>	
<ul style="list-style-type: none"> <li>- I/We agree to pay all Circle Logistics, Inc. invoices in full in consideration of extended credit per Circle Logistics, Inc. terms at <a href="http://www.circledelivers.com">www.circledelivers.com</a></li> <li>- I/We understand and agree to pay any/all costs including 2% per month compounded monthly, on any overdue balance until paid.</li> <li>- I/We understand and agree to pay all legal and collection fees in addition to the amount owed plus the interest charges.</li> <li>- I/We have read and agree to abide by Circle Logistics, Inc terms and conditions at <a href="http://www.circledelivers.com">www.circledelivers.com</a></li> <li>- 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.</li> <li>- I/We certify that the information contained in this application is true and correct.</li> </ul>	
<b>AUTHORIZED OFFICER(S)</b>	
NAME (PRINT):	NAME (PRINT):
TITLE:	TITLE:
SIGNATURE:	SIGNATURE:

# Registration Document



The U.S. Environmental Protection Agency recognizes

**Circle Logistics, Inc**

*As a Registered*

**SmartWay® Transport Partner**

**Partnership Date: 05/20/2015**

**SmartWay ID: 12839527**

**Expires: 03/03/2018**

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

Cheryl Bynum

Center Director, SmartWay Transport Partnership