



EXPEDITED TRANSPORT, LLC
200 VESTAVIA PARKWAY SUITE 1200 | VESTAVIA, AL 35216-7726

ETLW

CARRIER INFORMATION

Company: _____

**Remittance
Address:** _____

ICC MC#: _____

Tax ID/Fed ID# _____

Phone#: _____

Fax#: _____

USDOT#: _____

E-Mail Address: _____

Cargo Ins \$: _____

Cargo Exp Date: _____

Liability Ins \$: _____

Liability Exp Date: _____

- PLEASE FAX the following:**
- Carrier Information**
 - Signed Contract**
 - W-9 Form**
 - Trucking Authority**
 - Insurance Certificate**

“NOTHING HAPPENS UNTIL IT MOVES”

OFFICE 205-397-4230 | FAX 866-964-9911
WATTS 888-799-0367 (MILITARY) | WATTS 888-799-0368 (CARRIERS)



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Please fill out the following paperwork and fax it to:

Fax: 866-964-9911

Phone: 888-799-0368

For payment, the following documents will be required to be received BY MAIL at EXPEDITED TRANSPORT, LLC.

**SIGNED BILL OF LADING
OUR RATE CONFIRMATION SHEET
YOUR FREIGHT INVOICE**

Terms of payment are:

30-40 days after receipt of invoice and signed Proof of Delivery (POD) faxed or mailed to EXPEDITED TRANSPORT, LLC.

Quick pay is available for a 5% fee. Wire transfer will be executed the day the invoice, POD and wire transfer form are received by fax or mail.

The mailing address is:

**200 Vestavia Parkway
Suite 1200
Vestavia, AL 35216**

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EXPEDITED TRANSPORT, LLC
CONTRACT FOR TRANSPORTATION OF PROPERTY

This agreement, entered onto on this ____ day of _____, 2013 between _____, hereinafter referred to as Carrier, and Expedited Transport, LLC. Hereinafter referred to as Broker.

WITNESSETH:

WHEREAS, Carrier is an interstate contract carrier of property operating under Permit No Me _____ - a copy of said Permit being attached hereto and made a part of hereof, issued to it by the Interstate Commerce Commission, and

WHEREAS, Broker is an interstate broker of general commodities, except household goods, operating under License No. MC741120, a copy of said License being attached hereto and made part hereof, issued to it by the Interstate Commerce Commission. And

WHEREAS, Carrier and Broker desire to enter into an Agreement for the transportation of certain property tendered directly or indirectly by Broker to Carrier.

NOW, THEREFORE, in consideration of the foregoing promises and of the mutual promises herein contained, Carrier and Broker agree as follows:

1. The term of this Agreement shall be for the period of one year and will automatically renew year after year,
2. Carrier shall procure and maintain to full force and effect public liability insurance in at least the minimum amount required by the Interstate Commerce Commission, and in addition, shall procure and maintain cargo insurance in the amount of \$100,000 for loss and damage to property transported by Carrier under this Agreement. The cargo insurance shall be in the form required by Carrier under this Agreement. The cargo insurance shall be in the form required by 48CFR 1043.2(b), and shall have no exclusions or restrictions that would not be accepted by the Interstate Commerce Commission for a tiling under the statutory requirements of the above cited section. In order to insure the Carriers ability to maintain the insurance coverage detailed above. Carrier shall have an endorsement included in each policy providing for written notice of cancellation to be forwarded directly to Broker thirty (30) days prior to cancellation or non-renewal, and in addition, Carrier shall deliver to Broker a Certificate of Insurance issued by its insurance carrier relating to each policy.
3. Carrier will agree to abide by all DOT Regulations and Requirements. Regulations and Requirements including but not limited to Vehicle Inspections, Safety Procedures, Driver Logs, Maintenance Procedures and Records.
4. All claims for loss and damage, and any salvage arising thereof, shall be handled and processed in accordance with the regulations of the Interstate Commerce Commission as provided in 49 CFR 1005.
5. Carrier will issue and sign a standard bill of lading or receipt acceptable to Broker and underlying shippers upon acceptance of the goods, and Carrier assumes the ability of an interstate contract carrier from the time of receipt of said goods by Carrier until proper delivery is made. Further, the receipt or bill of lading shall be prima-facie evidence of receipt of such goods in good order condition unless otherwise noted on the face of such document.
6. Carrier will charge and Broker will pay for transportation services performed under terms of this Agreement the rate and charges as shown on separate Rate Confirmation Sheets to be signed and agreed to by Carrier and Broker before each shipment made under this Agreement. Payment by Broker will be made upon receipt of Carriers freight invoice, Original Bill of Lading, or any other necessary billing documents enabling Broker to ascertain that service.
7. Broker agrees to pay Carrier for the transportation services performed under terms of this Agreement within 40 days of receipt by Broker of Carriers freight invoice and Original Bill of Lading.
8. Carrier understands and agrees that Broker has put forth substantial effort and investment in order to its account and it will at no time during the term of this agreement and for a period of one (1) year after the effective date of termination of this agreement, either directly or indirectly , attempt to solicit, divert, by-pass, back-solicit or perform any services for compensation for any account of Broker which Broker has given prior written authorization. In the event that Carrier violates the terms of this section, Carrier shall be liable to Broker for normal and customary commission, which Broker would have received for each individual

movement, and carrier shall deliver and said amount to Broker within thirty (30) days after billing of the shipper.

9. Carrier agrees to have driver contact Broker at time of pick up as well as at the time of delivery. In cases of breakdown, accidents or delay in pick up or delivery, driver is to contact Broker at first opportunity.
10. Carrier is responsible for all expenses which are caused by any action taken by the carrier to defer the delivery of the freight whether voluntary or involuntary.
11. Carrier is an independent contractor and is in no way to be considered an agent or employee of Broker. Carrier agrees to indemnify and have harmless Broker from any and all claims of any type or nature arising or growing out of the transportation operations and activities of the Carrier hereunder, and assumes full responsibility for all salaries, insurance, pensions and benefits of the employees of the carrier in performance of this Agreement.
12. This Agreement shall be governed by and interpreted under the laws of the State of Alabama.
13. This agreement constitutes the entire agreement and understanding between the parties and shall not be modified, altered, changed or amended in any respect unless in writing in separate addendum and signed by both parties. Changes on this contract are not allowed or accepted by Broker unless changed by separate addendum in writing.

In witness thereof, the parties have indicated the approval by signature of their authorized representatives on the day and date first above noted.

BROKER:

Jim Rikard
Authorized Signature

CARRIER:

Authorized Signature

Mailing Address:

200 Vestavia Parkway

Suite 1200

Vestavia, AL. 35216

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)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input 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) ▶	
	<input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
City, state, and ZIP code		
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 the "Name" line 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.

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

Social security number									

Employer identification number									

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 ▶
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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.



U.S. Department of Transportation
Federal Motor Carrier Safety Administration

1200 New Jersey Ave., S.E.
Washington, DC 20590

SERVICE DATE
March 25, 2011

LICENSE
MC-741120-B
EXPEDITED TRANSPORT LLC
BIRMINGHAM, AL

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 366). 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, reading "Jeffrey L. Secrist".

Jeffrey L. Secrist, Chief
Information Technology Operations Division

BPO



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200 VESTAVIA PARKWAY SUITE 1200 | VESTAVIA, AL 35216-7726

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The fax we request from truckers for Quick Pay must have the following info:

5% charge communicated and accepted by _____
trucking company employee

Amount to be transferred _____

Trucking Company Name _____

(Name on checking account must be the same as the company booking load)

Trucking Company's Bank Account Number _____

(Include copy of check if possible)

Trucking Company Address _____

Trucking Company Invoice#, or PO# _____

Trucking Company Phone Number _____

Trucking Company's Bank (RTN) ROUTING NUMBER _____

Trucking Company's Bank Name _____

Trucking Company's Bank Address _____

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**PLEASE ISSUE INSURANCE CERTIFICATE OR
FORWARD TO YOUR INSURANCE AGENT
FOR ISSUANCE. THANKS**

In accordance with the contract you recently signed to haul freight, we need a current certificate of insurance.

Please show Expedited Transport LLC as certificate holder with 15 days notice of cancellation and add Expedited as Additional Insured. Please fax certificate to 1-205-397-4236, or email to certificate@expeditedtransportllc.com

Many Thanks

Jim Rikard

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WATTS 888-799-0367 (MILITARY) | WATTS 888-799-0368 (CARRIERS)

FMCSA Motor Carrier

USDOT Number: 2248478
Docket Number: MC741120
Legal Name: EXPEDITED TRANSPORT LLC
DBA (Doing-Business-As) Name



MAILING ADDRESS

Addresses

Business Address: 721 RIVERCHASE PARKWAY W
BIRMINGHAM, AL 35244
Business Phone: (205) 586-2039 Business Fax:
Mail Address:

EXPEDITED TRANSPORT LLC
200 VESTAVIA PARKWAY STE. 1200
VESTAVIA, AL 35216-7726

Mail Phone: Mail Fax: Undeliverable Mail: NO

Authorities

Common Authority: NONE	Application Pending: NO	
Contract Authority: NONE	Application Pending: NO	
Broker Authority: ACTIVE	Application Pending: NO	
Property: YES	Passenger: NO	Household Goods: NO
Private: NO	Enterprise: NO	

Insurance Requirements:

BIPD Exempt: NO	BIPD Waiver: NO	BIPD Required: \$0	BIPD on File: \$0
Cargo Exempt: NO		Cargo Required: NO	Cargo on File: NO
BOC-3: YES		Bond Required: YES	Bond on File: YES

Blanket Company: SKB TRUCKING PERMITS & LOGISTICS, INC

Comments:

Active/Pending Insurance:

Form: 84	Type: SURETY	Posted Date: 10/01/2013
Policy/Surety Number: 2409540	Coverage From: \$0	To: \$75,000*
Effective Date: 10/01/2013	Cancellation Date:	

Insurance Carrier: GREAT AMERICAN INSURANCE CO.
Attn: PROPERTY & INLAND MARINE DIVISION
Address: 580 WALNUT ST.
CINCINNATI, OH 45202 US
Telephone: (800) 858 - 8335 Fax: (513) 287 - 8230

* If a carrier is in compliance, the amount of coverage will always be shown as the required Federal minimum (\$5,000 per vehicle, \$10,000 per occurrence for cargo insurance, \$75,000 for bond/trust fund insurance for brokers and freight forwarders). The carrier may actually have higher levels of coverage.