



PARAMOUNT TRANSPORTATION LOGISTICS SERVICES, LLC

Paramount Transportation Logistics Services, LLC (PTLS) welcomes your interest in becoming an approved carrier for us. We are confident that you will find ease in doing business with PTLS. The attached Carrier Packet contains PTLS information as well as required forms to be completed by your company to become an approved carrier for PTLS.

The packet contents are:

1. PTLS Company Profile
2. PTLS Broker Authority
3. PTLS W-9 Tax Form
4. PTLS Carrier/Broker Agreement
5. Carrier Profile
6. ACH Enrollment Form
7. Request for Proof of Insurance
8. Worker's Compensation Waiver
9. W-9 Tax Form

Once you have completed the Carrier Profile and signed the PTLS agreement, the following must be emailed or faxed. We cannot tender freight until this information is received and entered into our database.

Please submit the following:

Email (preferred): CarrierRelations@goptls.com
FAX: 937-283-3773

- The initialed and signed Carrier/Broker Agreement
- The completed Carrier Profile
- Notice of Assignment (if applicable)
- Completed ACH Enrollment Form (if applicable)
- A valid insurance certificate listing PTLS as a certificate holder and showing current coverage with minimum amounts of \$100,000 cargo coverage, \$1,000,000 auto liability & acceptable Worker's Compensation
- A completed and signed W-9 tax form
- A copy of your Operating Authority
- A copy of your Haz-Mat certificate (if applicable)

If you have any questions, please call 1-877-LOGISTX (564-4789).

Thank you,
Paramount Transportation Logistics Services, LLC Carrier Relations Team



PARAMOUNT TRANSPORTATION LOGISTICS SERVICES, LLC

GENERAL COMPANY INFORMATION

Legal Name: Paramount Transportation Logistics Services, L.L.C.
Physical Address: 16520 S Tamiami Trl, Suite 180, Fort Myers, FL 33908
Billing Address: 315 NE 14th Street, Ocala, FL 34470
Carrier A/P Contact: payables@goptls.com or fax (937) 283-6289
Vendor A/P Contact: vendorap@goptls.com or fax (937) 283-3879
Dispatch Phone Number: (239) 267-0609
Carrier Relations Fax: (937) 283-3773
Website: www.goptls.com
Federal ID #: 26-1846842
MC #: 634629
Type of Business: 3PL, OTI
D-U-N-S Number: 01-846-9149

Federal Tax Classification: LLC-P
SCAC: PRMT
Licenses: FMC OTI #021717NF
Incorporated in FL: 2008

CARRIER BILLING REQUIREMENTS

1. Bill noting PTLS PRO number sent by email, fax, or mail supported by,
2. Consignee signed BOL/POD (R+L Carriers' haul must have signed Settlement Pay Sheet)
3. Signed Rate Confirmation
4. Refer to Carrier Contract for complete explanation of billing requirements

Note: We have EDI capabilities, prefer to receive non-EDI invoices via email, and prefer to pay by ACH credit

TRADE REFERENCES Please ask for point of contact listed below:

Quest Global, Inc.	Trucks, Inc.	Sewell Motor Express
Tonya Milam	Heather Hutchins	Jay Sewell
(678) 455-9323 Ext. 242	Fax# (770) 775-4990	(937) 382-3847 Ext. 126

BANK CREDIT REFERENCE INQUIRY

Name: Bank of America
Credit Inquiries on commercial banking accounts are handled through www.bankvod.com
Questions about Website: Call 1-888-801-0091
Account Number: Provide Bank of America with our Federal ID# 26-1846842

Applicable fee will be billed directly by www.bankvod.com

Same Day Service Fee: \$25.00

- Request must be received prior to 3:00 p.m.
- Mail requests are not accepted

Three-Day (non-priority) Service Fee: \$10.00

- Requests are processed within 3 business days of receipt of the applicable charge then faxed to the requester
- Mail requests are not accepted



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

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

SERVICE DATE
February 19, 2008

LICENSE

MC-634629-B

PARAMOUNT TRANSPORTATION LOGISTICS SERVICES, L.L.C.
FT. MYERS, FL

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 cursive script that reads "Kathy A. Weiner".

Kathy Weiner, Chief
Information Systems Division

BPO

Request for Taxpayer Identification Number and Certification

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

Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

PARAMOUNT TRANSPORTATION LOGISTICS SERVICES, LLC

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) **P**

Note: 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 not 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.

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)

(Applies to accounts maintained outside the U.S.)

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

16520 S TAMiami TRAIL, SUITE 180

6 City, state, and ZIP code

FT MYERS, FL 33908

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type. See Specific Instructions on page 3.

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.

Social security number								
				-				

or

Employer identification number								
2	6			-	1	8	4	6
							8	4
								2

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.

Sign Here

Signature of U.S. person **Stephanie Davias**

Date **12/7/18**

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.

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*, later.

CARRIER/BROKER AGREEMENT

THIS AGREEMENT is made and entered into on _____/_____/_____, by and between Paramount Transportation Logistics Services, L.L.C., a Florida limited liability company (“LOGISTICS”) and _____ (“CARRIER”), collectively, the “PARTIES”.

I.

Recitals

A. **WHEREAS** LOGISTICS is licensed as a Property Broker by the Federal Motor Carrier Safety Administration (FMCSA), or by appropriate State agencies, and as a licensed broker, arranges for freight transportation.

B. **WHEREAS** CARRIER is authorized to operate in inter-provincial, interstate and/or intrastate commerce and is qualified, competent and available to provide for the transportation services required by LOGISTICS.

NOW THEREFORE, intending to be legally bound, LOGISTICS and CARRIER agree as follows:

II.

Agreement

1. **TERM.** The Term of this Agreement shall be for one (1) year and shall automatically renew for successive one (1) year periods; provided, however, that either PARTY may terminate this Agreement at any time by giving thirty (30) days prior written notice.
2. **CARRIER’S OPERATING AUTHORITY AND COMPLIANCE WITH LAW.** CARRIER represents and warrants that it is duly and legally qualified to provide, as a contract carrier, the transportation services contemplated herein. CARRIER further represents and warrants that it does not have an unsatisfactory or conditional safety rating issued from the Federal Motor Carrier Safety Administrator (“FMCSA”) of the U.S. Department of Transportation (“DOT”), and further agrees to comply with all federal, state and local laws regarding the provision of the transportation services contemplated under this Agreement. In the event that CARRIER receives an unsatisfactory safety rating, CARRIER shall immediately notify LOGISTICS of such fact.
3. **PERFORMANCE OF SERVICES.** CARRIER’s services under this Agreement are designed to meet the needs of LOGISTICS under the specified rates and conditions set forth herein. CARRIER shall transport all shipments provided under this Agreement without delay, and all occurrences which would be probable or certain to cause delay shall be immediately communicated to LOGISTICS by CARRIER. This Agreement does not grant CARRIER an exclusive right to perform the transportation related services for LOGISTICS or its Customer.
4. **RECEIPTS AND BILLS OF LADING.** Each shipment hereunder shall be evidenced by a Uniform (Standard) Bill of Lading naming CARRIER as the transporting carrier. Upon delivery of each shipment made hereunder, CARRIER shall obtain a receipt showing the kind and quantity of product delivered to the consignee of such shipment at the destination specified by LOGISTICS or the Customer, and CARRIER shall cause such receipt to be signed by the consignee. Any terms, conditions and provisions of the bill of lading, manifest or other form of receipt or contract shall be subject and subordinate to the terms, conditions and provisions of this Agreement. CARRIER shall notify LOGISTICS immediately of any exception made on the bill of lading or delivery receipt.

5. **CARRIER'S OPERATIONS.** CARRIER shall, at its sole cost and expense: (a) furnish all equipment necessary or required for the performance of its obligations hereunder (the "Equipment"); (b) pay all expenses related, in any way, with the use and operation of the Equipment; (c) maintain the Equipment in good repair, mechanical condition and appearance; and (d) utilize only competent, able and legally licensed personnel qualified to drive under applicable FMCSA regulations. CARRIER shall have full control of such personnel; shall perform the services hereunder as an independent contractor; and shall assume complete responsibility for all state and federal taxes, assessments, insurance (including, but not limited to, workers' compensation, unemployment compensation, disability, pension and social security insurance) and any other financial obligations arising out of the transportation performed hereunder.

6. **RATES & PAYMENTS.** CARRIER agrees that the terms and conditions of this Agreement apply to all shipments handled by CARRIER for LOGISTICS and that the terms of this Agreement control the relationship between the parties. Any provisions of the CARRIER's tariff or rules that are inconsistent with the terms of this Agreement, or which address matters not addressed herein are inapplicable. Unless otherwise stated in a separate Rate Confirmation Agreement, CARRIER will charge and LOGISTICS will pay the rates and charges set forth in Appendix A and Appendix B, for transportation services performed under this Agreement. The Rate Confirmation Agreement shall be in the form specified in Appendix C. The Rate Confirmation Agreement shall be signed and agreed to by LOGISTICS and CARRIER before each shipment to which such Rate Confirmation Agreement applies. CARRIER represents and warrants that there are no other applicable rates and charges except those established in the Agreement or in any Rate Confirmation Sheet signed by LOGISTICS. Appendix A can be supplemented or revised by written agreement signed by both parties, or, prior to transportation, by facsimile by LOGISTICS to CARRIER if not objected to by CARRIER, in writing, within twenty-four (24) hours from the date and time faxed or otherwise transmitted. In the event service is provided and it is subsequently discovered that there was no applicable or understood rate in Appendix A or in a separate rate confirmation sheet, the parties agree that the rate paid by LOGISTICS and collected by CARRIER shall be the agreed upon contract rate of the parties for the services provided, unless such rate is objected to by CARRIER within 10 days of the invoice date. Payment by LOGISTICS will be made within thirty (30) days of receipt by LOGISTICS of CARRIER's freight bill, bill of lading, clear delivery receipt, and any other necessary billing documents enabling LOGISTICS to ascertain that service has been provided at the agreed upon charge. CARRIER agrees that LOGISTICS has the exclusive right to handle all billing of freight charges to the Customer or the transportation services provided herein, and, as such, CARRIER agrees to refrain from all collection efforts against the shipper, receiver, consignor, consignee or the Customer. CARRIER further agrees that LOGISTICS has the discretionary right to offset any payments owed to CARRIER hereunder for liability incurred by CARRIER. CARRIER shall be charged penalties if bill of lading or clear delivery receipt are not submitted within twenty-four (24) hours after delivery of goods being transported for LOGISTICS. Penalties of fifty dollars (\$50.00) per day will be incurred for each day late after seven (7) days from date of actual delivery.

7. **WAIVER OF CARRIER'S LIEN.** CARRIER shall not withhold any goods of the Customer on account of any dispute as to rates or any alleged failure of LOGISTICS to pay charges incurred under this Agreement. CARRIER is relying upon the general credit of LOGISTICS and hereby waives and releases all liens which CARRIER might otherwise have to any goods of Shipper or its Customer in the possession or control of CARRIER.

8. **FREIGHT LOSS, DAMAGE OR DELAY.** Unless otherwise set forth in Appendix A, CARRIER shall have the sole and exclusive care, custody and control of the Customer's property from the time it is delivered to CARRIER for transportation until delivery to the consignee accompanied by the appropriate receipts as specified in Paragraph 4. CARRIER assumes the liability of a common carrier (i.e. Carmack Amendment liability) for loss, delay, damage to or destruction of any and all of Customer's goods or property while under CARRIER's care, custody or control. CARRIER agrees that the provisions of 49 C.F.R. Part 370 shall govern the processing of claims for loss, damage, injury, or delay to property and the processing of salvage. CARRIER shall pay to LOGISTICS, or allow LOGISTICS to deduct from the amount LOGISTICS owes CARRIER, Customer's full actual loss for the kind and quantity of commodities so lost, delayed, damaged or destroyed. No limitation of liability found in CARRIER's tariff, rules or classifications, including the NMFC, shall in any way

limit or lessen CARRIER's liability under this paragraph. Payments by CARRIER to LOGISTICS or its customer, pursuant to the provisions of this section, shall be made within thirty (30) days following receipt by CARRIER of LOGISTICS' or Customer's undisputed claim and supporting documentation. Exclusions from coverage contained in CARRIER's Cargo Insurance as required herein shall not affect CARRIER's liability for freight loss, damage or delay.

9. **INSURANCE.** Unless otherwise set forth in Appendix A, CARRIER shall procure and maintain, at its sole cost and expense, the following insurance coverages:

(a) Public liability and property damage insurance ("AL") with a reputable and financially responsible insurance company insuring CARRIER in an amount not less than \$1,000,000.00 (U.S. Dollars) per occurrence, or such larger amount as required by applicable law.

(b) Commercial General Liability ("CGL") Insurance covering the transportation of shipments and other operations under this Agreement in an amount not less than \$1,000,000.00 (U.S. Dollars) per occurrence. Such insurance shall also cover CARRIER's contractual liability under this Agreement.

(c) All Risk Broad Form Motor Truck Cargo Legal Liability ("Cargo") insurance in an amount not less than \$100,000.00 (U.S. Dollars) per occurrence. The coverage provided under the policy shall have no exclusions or restrictions of any type that would foreseeably preclude coverage relating to cargo claims.

(d) Statutory Workers' Compensation Insurance coverage in such amounts and in such form as required by applicable state law.

(e) CARRIER shall furnish to LOGISTICS written certificates obtained from the insurance CARRIER showing that such insurance has been procured, is being properly maintained, the expiration date, and specifying that written notice of cancellation or modification of the policies shall be given to LOGISTICS at least thirty (30) days prior to such cancellation or modification. In addition, LOGISTICS and Customer shall be named as additional insured's on CARRIER's CGL and AL policies, and as loss payees on the Cargo policy as evidenced by an endorsement on the certificates of insurance. Upon request, CARRIER shall provide LOGISTICS or Customer with copies of the applicable insurance policies.

10. **INDEMNITY.** CARRIER shall defend, indemnify, and hold LOGISTICS and the Customer harmless from and against all loss, liability, damage, claim, fine, cost or expense, including reasonable attorney's fees, arising out of or in any way related to the performance or breach of this Agreement by CARRIER, its employees or independent contractors working for CARRIER (collectively, the "Claims"), including, but not limited to, Claims for or related to personal injury (including death), property damage and CARRIER's possession, use, maintenance, custody or operation of the Equipment; provided, however, that CARRIER's indemnification and hold harmless obligations under this paragraph will not apply to any portion of such Claim attributable to the gross negligence or willful misconduct of LOGISTICS or the Customer.

11. **CONFIDENTIALITY AND NON-SOLICITATION.** Unless otherwise set forth in Appendix A, neither party may disclose the terms of this Agreement or any other aspect of this Agreement or its business relationship with the other party without the written consent of the other party except (1) as required by law or regulation; (2) disclosure is made to its parent, subsidiary or affiliate company; or (3) to facilitate rating or auditing of transportation charges by an authorized agent and such agent agrees to keep the terms of the Agreement confidential. CARRIER agrees that it will be a breach of its confidentiality obligations under this Agreement to comment or post on any social media (ie., Twitter, Facebook, Instagram, etc) about this Agreement or the services CARRIER performs for LOGISTICS under this Agreement. CARRIER will not accept traffic from any shipper, consignor, consignee or Customer of LOGISTICS where (1) the availability of such traffic first became known to CARRIER as a result of LOGISTICS' efforts, or (2) the traffic of the shipper, consignor, consignee or Customer of LOGISTICS was first tendered to CARRIER by LOGISTICS. If CARRIER

breaches this Agreement and moves shipments obtained directly from customers of LOGISTICS during the term of this Agreement or for twelve (12) months thereafter without utilizing the services of LOGISTICS, CARRIER shall be obligated to pay LOGISTICS, for a period of fifteen (15) months thereafter, commission in the amount of thirty-five percent (35%) of the transportation revenue resulting from traffic transporting for the Customer, and CARRIER shall provide LOGISTICS with all documentation requested by LOGISTICS to verify such transportation revenue. CARRIER shall not utilize LOGISTICS or the Customer's name or identity in any advertising or promotional communications without confirmation of LOGISTICS written consent.

12. **SUB-CONTRACT PROHIBITION.** CARRIER specifically agrees that all freight tendered to it by LOGISTICS shall be transported on equipment operated only under the authority of CARRIER, and that CARRIER shall not in any manner sub-contract, broker, or in any other form arrange for the freight to be transported by a third party without the prior written consent of LOGISTICS.

13. **ASSIGNMENT/MODIFICATION/BENEFIT OF AGREEMENT.** Carrier may not assign, transfer, grant any security interest over, or deal in any other manner with the benefit of all or any part of this Contract, nor sub-contract or novate any or all its obligations under this Contract without prior written consent (such consent not to be unreasonably withheld or delayed) from LOGISTICS. At any time during the term of the Contract, LOGISTICS may assign, transfer, grant any security interest over or deal in any other manner with the benefit of all or any part of the Contract, or subcontract any or all of its obligations under the Contract without the prior written consent of the Carrier.

14. **ELECTRONIC SIGNATURE.** This Agreement, including any appendices and any subsequent amendments, may be executed in one or more counterparts, each of which will be deemed an original, and all of which together constitute one and the same agreement. This Agreement may be executed by facsimile, portable document format (PDF) or other electronic methods (e.g. Adobe Sign), and a facsimile, PDF or other electronic signature will be treated as an original signature.

15. **SEVERABILITY.** In the event that the operation of any portion of this Agreement results in a violation of any law, the parties agree that such portion shall be severable and that the remaining provisions of this Agreement shall continue in full force and effect.

16. **WAIVER.** CARRIER and LOGISTICS expressly waive any and all rights and remedies allowed under 49 U.S.C. § 14101 to the extent that such rights and remedies conflict with this Agreement. Failure of LOGISTICS to insist upon CARRIER's performance under this Agreement or to exercise any right or privilege, shall not be a waiver of any LOGISTICS' rights or privileges herein.

17. **DISPUTE RESOLUTION.** This Agreement shall be deemed to have been drawn in accordance with the statutes and laws of the State of Florida and in the event of any disagreement or dispute, the laws of Florida shall apply and suit must be brought in Lee County, Florida.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed in their respective names by their duly authorized representatives as of the date first above written.

“LOGISTICS”

“CARRIER”

PARAMOUNT TRANSPORTATION LOGISTICS
SERVICES,L.L.C.

Carrier Name: _____

Signature: _____

Signature: _____

On: / / _____

On: / / _____

Print Name: _____

Print Name: _____

Title: _____

Title: _____

16520 S Tamiami Trl, Suite 180

Address: _____

Fort Myers, FL 33908

City, State, Zip: _____

Phone Number: 877-LOGISTX (564-4789)

Phone Number: _____

Fax Number: (937) 283-3773

Fax Number: _____

FID Number: _____

LANE INFORMATION

1. What is your primary region of operation? *(We understand many of you service the entire country, but please be specific as to the regions and/or states you service the best)*

Power Lanes:

Origin/State	Destination/State

2. Current freight needs to return your trucks back to home terminal:

Origin	Destination



ACH ENROLLMENT FORM

16520 S Tamiami Trail, Suite 180

Fort Myers, FL 33908

Phone: 877-564-4789

Send Form by Fax: 937-283-6289

OR

Email Form to: PAYABLES@GOPTLS.COM

Dear Valued Carrier,

****Sign up now for direct deposit****

ATTN: Accounts Receivable Contact

BENEFITS

- No more waiting for checks by mail
- No checks lost in the mail
- Direct funds into your account
- Peace of mind

Complete the ACH form & return today for enrollment

Email form: PAYABLES@GOPTLS.COM

FAX: (937) 283-6289

Thank you,

Accounts Payable

Paramount Transportation Logistics Services, LLC

PARAMOUNT TRANSPORTATION LOGISTICS SERVICES, LLC

Direct Deposit via ACH Credit Enrollment Form

315 NE 14th Street, Ocala, FL 34470
Phone: 877-564-4789
Send Form By Fax: 937-283-6289
Or
Email Form To: PAYABLES@GOPTLS.COM

PLEASE PRINT CLEARLY OR TYPE TO ENSURE ACCURACY

Date: ___/___/___

Carrier Name: _____
MC# (required): _____ Carrier Fed ID No (TIN) _____
Address: _____
City: _____ State: _____ Zip: _____
Carrier Phone No: (____) _____

BANK INFORMATION (ALL FIELDS MUST BE COMPLETED): Must be U.S. USD Bank Account

Check this box if banking information below is for a factoring company: []

Bank Name: _____
Bank Address: _____
Bank City: _____ State: _____ Zip: _____
Bank Phone No: (____) _____

Transit/ABA No for U.S. Bank ACH: _____
Account No for U.S. Bank ACH: _____
Type of Account (Check One): Checking _____ Savings _____
Does your bank require an intermediary bank? Yes ___ No ___

Email Address for ACH Remittance: _____

Signature of Authorized Person _____ Title _____
Printed Name _____ Date ___/___/___

Please Note:

- Eligibility for our Direct Deposit program begins after you cash your first live check.
For validation of the banking information listed above, please provide one of the following:
o Voided check
o Deposit Slip
o Letter on your financial institution's letterhead with ACH payment instructions
We must have an email address on file to set up your ACH. Your paid settlement (remittance) will be emailed to you. This will be your notification that a payment will be deposited into your account.
Please verify with your bank that the ABA number you provide is correct for ACH payments to United States banks. You must also include your bank phone number on this form.
You will be charged back for banking fees that we incur as a result of incorrect information provided by you on this form.
We are unable to set up your direct deposit request if your bank requires an intermediary bank.
Requests to stop or change ACH must be in writing.

Request for Proof of Insurance

Vendors: Please complete this form and provide it to your insurance agent for timely processing of your application.
Thank you.

Attention Insurance Agents:

We appreciate your prompt response to this important request.

To: _____

Agent's Email Address OR Fax Number: _____

Insured: _____

Carrier's DOT# _____ (if applicable)

Signature: _____ Date: _____

Printed Name: _____

Re: Certificate of Insurance

Dear Insurance Agent,

Thank you for your prompt handling of this request. This form is requesting a signed, Certificate of Insurance for the above named insured. This certificate should list the vendor's coverage for General, Auto, Workers Comp, and Cargo, with deductibles noted, and should indicate whether the coverage is All Risk or Broad Form and whether the Cargo policy contains exclusions for electronics, hazardous materials, and any other commodity for freight types.

Please make the certificate to:

**Paramount Transportation Logistics Services
16520 S Tamiami Trail
Suite 180
Ft. Myers, FL 33908**

Paramount Transportation Logistics Services should be listed as the certificate holder with 10-day notice of cancellation.

Please email the certificate to CarrierRelations@goptls.com OR fax to Carrier Relations at (937) 283-3773

Should you have any questions about this request, please call 1-877-LOGISTX (564-4789)



PARAMOUNT TRANSPORTATION LOGISTICS SERVICES, LLC

WORKER'S COMPENSATION WAIVER

_____ uses all owner-operator type trucks for our shipments
Insert Carrier's Name
and is not responsible for Worker's Compensation. Our owner-operator drivers are responsible for their own Worker's Compensation.

"CARRIER"

Signature: _____

Print Name: _____

Title: _____

Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

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.	
	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"/> 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.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	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									
				-					

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); and
4. 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 ▶	Date ▶
------------------	----------------------------	--------

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:

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.