



**Sales & Customer Service**

Phone: (866)626-6869 ext. 1

E-Mail: [orders@convoylogistics.com](mailto:orders@convoylogistics.com)

**Operations Manager:**

Justin Reed ext. 202

E-Mail: [justin@convoylogistics.com](mailto:justin@convoylogistics.com)

**Sales Manager:**

Brandon Reed ext. 205

E-Mail: [brandon@convoylogistics.com](mailto:brandon@convoylogistics.com)

**Through integrity, commitment and unrivaled customer service, our goal is to simplify freight transportation by making it quicker, more cost effective and hopefully more enjoyable for our customers. We believe our success is the direct result of our loyalty and dedication not only to our customers, but also to our carriers and community!**

**New Business Development (Sales)**

Truitt Key ext. 214

E-Mail: [truitt@convoylogistics.com](mailto:truitt@convoylogistics.com)

**Accounting Contact Information**

Phone: (866)626-6869 Option 4

[billing@convoylogistics.com](mailto:billing@convoylogistics.com)



**Company Information**

- Convoy Logistics, LLC is located at 113 Pine Street, Crossett, AR 71635
  - P.O. Box 1214, Crossett, AR 71635
  - **Phone:** (870) 364-0640 **Fax:** (870)364-2398
  - You can visit our website at <http://www.convoylogistics.com>
  - Our FID #: **71-0861485**
  - SCAC CODE: **CNVY**
- You can also email us at [info@convoylogistics.com](mailto:info@convoylogistics.com)

**Contingent Cargo Information**

Benita McCauley

Avalon Risk Management Insurance Agency, LLC

Phone: (713)343-0889 Fax: (713)343-0890

Certificate available upon request.

## **Account Application**

**Please Return All Packet Information To:**

**Suzi Ebarb**

**Phone: (866) 626-6869 ext. 201 Fax: (870) 364-2398**

**Email: [suzi@convoylogistics.com](mailto:suzi@convoylogistics.com)**

Convoy Logistics, LLC  
Customer Application & Agreement Form

Company Name \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Accounts Payable Fax Number (\_\_\_\_) \_\_\_\_\_ A/P E-Mail \_\_\_\_\_

**Terms and Conditions**

1. Company hereby certifies that information furnished in the application is current and accurate. The terms 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 on 30 days written notice to the other party. If the parties continue to conduct business after termination, the provisions of this agreement will continue to apply.
2. Our payment receiving terms are NET 30 days from invoice date. Company agrees to honor Convoy's payment terms if credit is extended.
3. Company affirms that it is solvent, is not currently a party to any bankruptcy proceeding, is not being dissolved or otherwise liquidating its assets and can satisfy all financial obligations due from Convoy Logistics, LLC. Company affirms that there are no open judgments, suits, or liens against the company in regard to Transportation related obligations.
4. If Convoy Logistics, LLC utilizes the services of a collection agency or attorney to collect any amounts due, Company agrees to pay all associated collection cost, attorney fees, and court costs.
5. By signing below, that individual acknowledges that they have the authority to bind the company to these Terms and Conditions, and further authorizes Convoy Logistics, LLC to contact any credit/bank references provided.
6. Company understands that Convoy Logistics, LLC is a Transportation Broker only who arranges the transportation of freight by an independent third party motor carrier. Company agrees that Convoy will not fill out Bills of Lading and cannot be listed on a Bill of Lading as the delivering carrier.
7. Penalties for delayed/late pick-ups or deliveries will not be the responsibility of Convoy Logistics, LLC without prior written consent.
8. In the event of cargo loss or damage, company must file a claim for the loss with Convoy within nine (9) months from the date of such loss, shortage or damage, which for purposes of this agreement shall be the delivery date or, in the event of non-delivery, the scheduled delivery date. Company agrees to assist Convoy in the pursuit of a claim, including confirming the validity of the claim and claim amount. If Convoy Logistics, LLC pays a claim, company automatically assigns any and all of its rights and interest in the claim to Convoy Logistics, LLC.
9. Company understands motor carriers under contract with Convoy are required to maintain cargo loss and damage liability insurance in the amount of \$100,000.00. By signing below, company acknowledges that loads valued in excess of \$100,000.00 will not be tendered without first giving written notice to allow Convoy and/or the motor carrier the opportunity to arrange for increased insurance limits. Failure to provide written notice, acknowledged by Convoy will result in your loads not being insured to the extent the value exceeds \$100,000.00.

**Terms and Conditions (continued)**

10. **COLLECT SHIPMENTS.** Company agrees that it does not tender "Collect" Shipments or other shipments whereby the company is not responsible for the payment of freight services provided by Convoy Logistics, LLC. If a load is tendered to Convoy under conditions other than payments by company to Convoy, Company agrees to pay such invoices if not paid by any "Collect" Party within 10 days of the invoice date to company.
11. The state courts located in the State of Arkansas shall have exclusive and irrevocable jurisdiction and shall be the exclusive venue with respect to a claim, counterclaim, or dispute arising in connection with any transaction, loads or other business between Convoy Logistics, LLC and Company.
12. In the event Company is negligent or breaches the Terms and Conditions of this agreement, and there is a resulting claim, lawsuit or damages asserted against Convoy, company agrees to indemnify and defend Convoy and to hold Convoy Logistics, LLC harmless to the fullest extent of the law.
13. Company agrees that it will pay all Accessorial charges for services required per the charges below.

Service	Charge
<b>Detention</b>	\$ 65.00 per hour after two (2) hours.
<b>Truck Ordered, not used</b>	\$ 300.00 Plus travels mileage at quoted rate.
<b>Layover Charge</b>	\$ 400.00 Flat charge.
<b>Driver Load, Unload or assist</b>	\$ 150.00 plus \$30.00 per hour after two hours, or actual cost of Lumper.
<b>Blind Shipments</b>	\$ 100.00 Flat Charge.
<b>Stop Offs</b>	\$ 60.00 each for first two, then \$100.00 each.
<b>Expedited or short notice of less than 24 hours</b>	Market

**Company is requesting Payment Type indicated below.**

**Credit – 30 days**    **Credit Limit Requested** \_\_\_\_\_

Please complete the Credit Application enclosed with this packet and return with this Customer Application and Agreement. We will let you know your credit limit as soon as possible. Please allow 30 minutes from the time we receive your credit application.

**Credit Card**

For privacy purposes, a Credit Card Authorization Form will be sent to you as soon as our Accounting Manger receives this completed packet from you. Please provide an email address below where you would like the Credit Card Authorization Form sent.

\_\_\_\_\_  
**Email Address**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Convoy Logistics, LLC

**Convoy Logistics Credit Application**  
 P.O. Box 1214, Crossett, Arkansas 71635  
 (870) 364-0640 – [billing@convoylogistics.com](mailto:billing@convoylogistics.com)  
 Fax Number: (870) 364-2398

Business Name \_\_\_\_\_

D/B/A \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Bill to Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Can invoices be e-mailed? Yes / No      POD required for payment? Yes/No  
 If so, please provide an e-mail address \_\_\_\_\_

Special Billing Information? Yes / No      If yes, please specify \_\_\_\_\_

Type of Business \_\_\_\_\_ Years open & operating \_\_\_\_\_

Principal \_\_\_\_\_  
 Name Title

Principal \_\_\_\_\_  
 Name Title

**CARRIER REFERENCES**

<u>Name</u>	<u>Address/Phone</u>

**Convoy Logistics Credit Application**

P.O. Box 1214, Crossett, Arkansas 71635  
 (870) 364-0640 – [billing@convoylogistics.com](mailto:billing@convoylogistics.com)  
 Fax Number: (870) 364-2398

**BANK REFERENCES**

Name	Address	Phone	Contact
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Number of Employees \_\_\_\_\_ Sales Area \_\_\_\_\_

Has the company or any of its principals ever declared bankruptcy? Yes / No

If yes, please explain. \_\_\_\_\_

Any misrepresentation in this application will be considered evidence of fraud, since this information is the basis for the extending of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. You are authorized to investigate the credit references and principals listed.

In consideration for the extension of credit, said business promises to pay for all purchases with the terms agreed (net 30 days) and agrees to pay a service charge per month of 1-1/2% per month (18% annual percentage rate) on all past due balances. In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection cost, including attorney fees, whether or not litigation has commenced, and all cost of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

**Name of Business** \_\_\_\_\_

\_\_\_\_\_  
 Print Name Title Signature

\_\_\_\_\_  
 Print Name Title Signature

**Convoy Logistics, LLC**  
**Bank Information**

*First National Bank  
218 Main Street  
Crossett, AR 71635  
(870) 364-1300*

**Thanks for allowing us to serve you!**

Convoy Logistics, LLC  
Phone: (870) 364-0640  
Fax: (870) 364-2398



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

400 7th Street SW  
Washington, DC 20590

**SERVICE DATE**  
January 25, 2002

**LICENSE**  
**MC-417814-B**  
**CONVOY LOGISTICS, LLC**  
**CROSSETT, AR**

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 "Terry Shelton".

Terry Shelton, Director  
Office of Data Analysis & Information Systems

Form **W-9**  
(Rev. December 2014)  
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.  
**Convoy Logistics, LLC**

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:  
 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) ▶ **C**  
**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.  
 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.)  
**P.O. Box 1214**

6 City, state, and ZIP code  
**Crossett, AR 71635**

7 List account number(s) here (optional)

Requester's name and address (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									
7	1	-	0	8	6	1	4	8	5

#### 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 ▶  Date ▶ **12/1/15**

#### 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](http://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.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/16/2016

**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> Avalon Risk Management Insurance Agency LLC 302 N. Houston Avenue Suite 202 Humble TX 77338	<b>CONTACT NAME:</b> Benita McCauley <b>PHONE (A/C, No, Ext):</b> (713) 343-0889 <b>FAX (A/C, No):</b> (713) 343-0890 <b>E-MAIL ADDRESS:</b> bmccauley@avalonrisk.com														
<b>INSURED</b> Convoy Logistics, LLC P.O. Box 1214 Crossett AR 71635	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: New York Marine &amp; General Insurance</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: New York Marine & General Insurance		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: New York Marine & General Insurance															
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

**COVERAGES      CERTIFICATE NUMBER: 2016-2017 Master Cert      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"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED 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    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<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						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
<b>A</b>	<b>Contingent Cargo</b>			AR2016FFP01130	11/16/2016	11/16/2017	Per occurrence/aggregate \$100,000
<b>A</b>	<b>Errors &amp; Omissions</b>			AR2016FFP01130	11/16/2016	11/16/2017	Per occurrence/aggregate \$1,000,000

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

<b>CERTIFICATE HOLDER</b>  <p style="text-align: center;">For Proof of Insurance Purposes Only</p>	<b>CANCELLATION</b>  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  Benita McCauley/BMC
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