

# CREDIT AGREEMENT

***To apply for an extension of credit for the payment of freight charges, the applicant and UNION LOGISTICS INC agrees to the following.***

- That the person executing this credit application and agreement is authorized to do so on behalf of their company and that all statements contained in this agreement and any attachments or addendums are true and correct.
- Unless otherwise agreed to in advance and in writing. The applicant agrees (a) to pay each invoice issued by UNION LOGISTICS INC. within 15 days from the date of the invoice: (b) to pay 5% late fee on any amount not paid within that 15 day period: and (c) to pay a finance charge of 1.5% per month on any unpaid amount within 30 days of the date on the invoice. UNION LOGISTICS, INC. calculates the 30-day period from the date of the invoice to the actual date the payment received.
- The applicant hereby authorizes UNION LOGISTICS INC. to obtain any information it considers necessary or advisable from any credit-reporting source concerning the applicant and the applicant's credit history.
- The applicant hereby acknowledges that UNION LOGISTICS INC. is duly licensed by the FMCSA as a broker of transportation by motor carrier and is not a motor carrier. If the applicant incurs a loss or damage claim, the applicant agrees to make a timely claim against the carrier for any loss or damage and agrees not to offset all or any part of such claim against any amount due to UNION LOGISTICS.
- If applicant breaches any terms of this agreement including the payment of money due pursuant to this agreement, applicants shall pay all costs incurred by UNION LOGISTICS INC. for enforcing the terms of this agreement including but not limited to reasonable attorney's fees, whether or not proceedings are commenced.
- This agreement has been negotiated in the state of Virginia and that minimum contact with the jurisdiction of the state of Virginia has been established. The applicant waivers any claim of defense based on jurisdiction and/or venue and does voluntarily submit to the jurisdiction and venue of the state of Virginia and the county of Fairfax for all matters related to the transactions of business between parties.

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

Date: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

# NEW CUSTOMER INFORMATION

DATE: \_\_\_\_\_ COMPANY: \_\_\_\_\_

AGENT: \_\_\_\_\_ A/P CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EIN NUMBER: \_\_\_\_\_

## TYPE OF OWNERSHIP:

CORPORATION \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ SOLE PROP IETORSHIP \_\_\_\_\_

## AFFILIATED COMPANIES:

TYPE OF BUSINESS: \_\_\_\_\_ YEAR STARTED: \_\_\_\_\_

PRESIDENT/OWNER PHONE: \_\_\_\_\_

CHIEF FINANCIAL OFFICER PHONE: \_\_\_\_\_

FINANCIAL INSTITUTION NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: CONTACT: \_\_\_\_\_

***I HEREBY AUTHORIZE THE RELEASE OF ALL INFORMATION REQUESTED BY UNION LOGISTICS  
PERTAING TO THE ABOVE ACCOUNT NUMBER AND ANY OTHER ACCOUNTS HELD AT THE ABOVE  
FINANCIAL INSTITUTION.***

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

# QUOTE REQUEST FORM

Dimensions (LxWxH) \_\_\_\_\_

Dedicated Truck: \_\_\_\_\_ Pallet Exchange: \_\_\_\_\_

Other Specifications: \_\_\_\_\_

Type Of Cargo: \_\_\_\_\_

Hazmat: \_\_\_\_\_

Cargo Origin: \_\_\_\_\_ Certification: \_\_\_\_\_

Destination: \_\_\_\_\_ Appointment: \_\_\_\_\_

## PICK-UP LOCATION:

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

Contact Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

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

Contact Number: \_\_\_\_\_ WEB: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Contact Fax: \_\_\_\_\_

## DELIVERY LOCATION:

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

Contact Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

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

Contact Number: \_\_\_\_\_ WEB: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Contact Fax: \_\_\_\_\_

**\*\*\*IF (LTL) LESS THAN A TRUCK LOAD\*\*\***

Cubic Feet: \_\_\_\_\_ Weight: \_\_\_\_\_

Pick-up Date: \_\_\_\_\_ Time: \_\_\_\_\_

Delivery Date: \_\_\_\_\_ Time: \_\_\_\_\_

## 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.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Union Logistics Inc</b>	
	2 Business name/disregarded entity name, if different from above <b>Union Logistics Inc.</b>	
	3 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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► <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. <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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) See instructions. <b>7420 Alban Station Blvd 210B</b>	Requester's name and address (optional)
	6 City, state, and ZIP code <b>Springfield, VA 22150</b>	
	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 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								
4	6		-	2	5	8	9	4 6 4

### 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 ►

Date ►

7/30/2021

### 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-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.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/24/2022

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).

PRODUCER Nichole Pelletier Peters Insurance Agency 8501-B Sydenstricker Rd Burke, VA 22015	CONTACT NAME: Nichole Pelletier PHONE (AC No): 703-844-7388 FAX (AC No): 703-844-8931 EMAIL ADDRESS: nichole@petersinsurance.com
INSURER(S) ATTENDING COVERAGE	
INSURER A: Mount Vernon Fire Insurance Company	AGENCY: 28522
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED  
Union Logistics Inc  
7420 Alban Station Blvd., Ste 210b  
Springfield, VA 22150

## COVERAGES

## CERTIFICATE NUMBER:

## 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.

INSURER LTD	TYPE OF INSURANCE	EXCESS (OVER) (USD) (USD)	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		GL2024201	10/03/2022	10/03/2023	EACH OCCURRENCE: \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO CONTENTS (Commercial Buildings): \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person): \$ 5,000
						PERSONAL & ADVERTISING: \$ Excluded
	GEN'L AGGREGATE LIMIT APPLIES FOR:					GENERAL AGGREGATE: \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRODUCT <input type="checkbox"/> LOCATION					PRODUCTS - COMM'AL AGG: \$ Excluded
	AUTOMOBILE LIABILITY					Deductible: \$
	<input type="checkbox"/> ANY AUTO					COMBINED SINGLE LIMIT (Per accident): \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person): \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per accident): \$
	UMBRELLA LMB	<input type="checkbox"/> OCCUR				PROPERTY DAMAGE (Per accident): \$
	EXCESS LMB	<input type="checkbox"/> CLAIMS-MADE				\$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION					EACH OCCURRENCE: \$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY					AGGREGATE: \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in WA)	<input type="checkbox"/> Y <input type="checkbox"/> N	M/A			WORKERS COMP LIMITS: \$
	DESCRIPTION OF OPERATIONS (see back)					E.L. EACH ACCIDENT: \$
						E.L. DISEASE - EACH EMPLOYEE: \$
						E.L. DISEASE - POLICY LIMIT: \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Use an ACORD 101, Additional Remarks Schedule, if more space is required)

As per the Classifications shown on the Commercial General Liability Coverage Part Declarations page.

## CERTIFICATE HOLDER

## CANCELLATION

Union Logistics Inc 7420 Alban Station Blvd B210 Springfield, VA 22150	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 

© 1989-2010 ACORD CORPORATION. All rights reserved.