

## Our Covenant

ALS succeeds because we're committed to building strong customer relationships right from the start. Our passion is demonstrated by a job well done. We provide exemplary service delivered by employees who genuinely care. Every move we make matters—how we work, how we think, how we communicate. We're sincerely "Beyond Driven."

**U.S. Dispatch** Email us at: [dispatch@automatedlogistics.com](mailto:dispatch@automatedlogistics.com)

**Mexico Dispatch** Email us at: [laredo@automatedlogistics.com](mailto:laredo@automatedlogistics.com)

Staff	Ext.	Cell Phone	Fax #	Location	Title
Adrian Avina	145	989-488-9374	517-905-3092	Laredo	Carrier Sales Representative
Andrew Markee	146	616-401-5424	517-905-3087	Grand Rapids	Carrier Sales Representative
Austin Smith	194	989-640-9748		Jackson	Carrier Sales Representative
Brandi Alexander	148	517-416-9002		Jackson	Carrier Sales Representative
Brandi Horn	103	517-513-9355	517-905-3103	Jackson	Carrier Sales Representative
Brian McKnight	138	517-740-7113	517-905-3074	Jackson	After Hours Team Lead
Brian Sharlow	136		517-905-3099	Jackson	3rd Shift Operations Specialist
Chris Saylor	139	734-717-1579	517-905-3106	Jackson	Warehouse Foreman
Cody Howard	119	517-206-2325	517-905-3088	Jackson	Carrier Sales Manager
Drew Phillips	138			Jackson	3rd Shift Operations Specialist
Drew Willcut	164	517-416-1082	517-905-3060	Jackson	Carrier Sales Representative
Eduardo Fernandez	156	956-949-0622		Laredo	Laredo Branch Manager
Emily Sabados	135	517-554-1411	517-905-3079	Jackson	Track and Trace Specialist
Eric Crawshaw	149	810-908-9663		Jackson	Carrier Sales Representative
Jared Dubay	104	616-322-2242	517-905-3087	Grand Rapids	Specialized Division Manager
Joe Parker	101/147	616-485-0429	517-905-3090	Jackson	President
Joe Stahl	133	734-972-0776	517-905-7051	Jackson	Carrier Sales Representative
John Novak	138	517-607-5801		Jackson	After Hours Team Lead
Jose Gonzalez	172	956-898-2351	517-905-3070	Laredo	Logistics Specialist
Juan Pantoja	174	517-206-2716	Laredo Warehouse	Laredo	Laredo Warehouse Dockman
Lexi Aiello	108	517-204-4947	517-905-3079	Jackson	Carrier Sales Representative
Mandy Kingsbury	138			Jackson	Track and Trace Specialist
Marci Pochyla	100	517-554-1410	517-905-3072	Jackson	Accounts Payable Specialist
Maria Santos	155	956-744-5082		Laredo	Logistics Specialist
Martin Munoz	170	965-608-1828		Laredo	Logistics Specialist
Matt Eckler	105	734-323-7186	517-905-3093	Jackson	Vice President of Operations
Miguel Ojeda	153	956-949-0542	517-782-0318	Laredo	Transportation Manager
Nathan Mujahid	168	313-460-9092	517-905-3075	Jackson	Carrier Sales Representative
Nick Schaefer	140	517-270-1232	517-782-4048	Jackson	Director of Operations
Nicole Banister	107	517-315-7305	517-905-3094	Jackson	Tracking/After Hours Manager
Paul McDonald	162	517-435-9977	517-782-0125	Jackson	Vice President of Business Development
Ramon Gallegos	150	965-754-0103	517-905-3104	Laredo	Laredo Warehouse Manager
Sarah Nortley	165	517-262-1501	517-905-3091	Jackson	Carrier Sales Representative
Sean Takasawa	166	734-604-5999		Jackson	Weekend Operations Specialist
Teresa Rodriguez-Mohr	120			Jackson	2nd Shift Operations Specialist
Tony Panici	900	517-206-6651	517-905-3099	Jackson	Controller



3517 Scheele Drive  
Jackson, MI 49202  
(P) 517-782-7500  
(F) 517-782-0388



5902 Riverside Drive  
Laredo, TX 78041  
(P) 956-790-9200  
(F) 956-790-9204

**MC#/Fed ID/Established:** MC# 222625 Fed ID# 38-3509533 Established 1992  
**SCAC/DUNS #:** SCAC AULS DUNS# 79-300-4052  
**Payment Policy:** Payment within 30 days of receipt of bill of lading and proof of delivery with ALS Pro #  
**Email Invoices:** [AccountsPayable@AutomatedLogistics.com](mailto:AccountsPayable@AutomatedLogistics.com)  
**Fax Invoices:** 517-782-6247  
**Mail Invoices:** 3517 Scheele Drive, Jackson, MI 49202  
**Bank:** Fifth Third Bank — Jackson Phone 517-782-5340  
**Surety Bond:** \$100,000 TIA Bond  
**References:**

- R. Kern & Sons Trucking Inc. Vassar, MI 48768 Carol Kern 989-823-8953
- Indiana Freight Hillsdale, MI 49242 Bud Pothoos 517-439-1111
- Bolt Express Toledo, OH Tina Contreras 419-729-6629
- Transportation Intermediaries Assoc. Alexandria, VA 22314 Kelly Scott 703-299-5700



# Carrier Profile

Please fill out the information and return via our toll free fax 1-888-764-6225 or email to [dispatch@automatedlogistics.com](mailto:dispatch@automatedlogistics.com)

\*CARRIER NAME \_\_\_\_\_ \*MC# \_\_\_\_\_

\*ADDRESS \_\_\_\_\_ \*FID# \_\_\_\_\_

P.O. BOX \_\_\_\_\_ \*SCAC \_\_\_\_\_

\*CITY \_\_\_\_\_

\*STATE/ZIP \_\_\_\_\_

WEBSITE \_\_\_\_\_

HOURS OF OPERATION \_\_\_\_\_ WEEKEND HOURS \_\_\_\_\_

CTPAT CERTIFIED: Y or N	SVI# _____
Name of Insurance Comp: _____	
<i>*Please send a copy of Insurance</i>	

<b>CONTACTS</b>	<b>PHONE</b>
-----------------	--------------

\*DISPATCHER NAME \_\_\_\_\_ \*DISPATCHER # \_\_\_\_\_

\*AFTER HOURS # \_\_\_\_\_ BUSINESS # \_\_\_\_\_

\*FAX # \_\_\_\_\_ \*DISPATCH EMAIL \_\_\_\_\_

ACCOUNTING/POD \_\_\_\_\_ ACCOUNTING EMAIL \_\_\_\_\_

*TRAILER TYPE	QTY	SIZE
<b>*SPECIALIZED</b>		
Flatbed Air Ride	_____	_____
Flatbed Conestoga	_____	_____
Flatbed w/ Side Kit	_____	_____
Flatbed Hot Shot	_____	_____
Step Deck	_____	_____
Step Deck Conestoga	_____	_____
Double Drop/RGN/Lowboy	_____	_____
Double Drop Conestoga	_____	_____
B-Train	_____	_____
Multi-Axle	_____	_____
Stretch Trailer	_____	_____
Dump/Tanker Trailer	_____	_____
Heavy Haul Equipment	_____	_____
<i>**Please include full equipment list if able</i>		
<b>*VAN</b>		
Van Air Ride	_____	_____
Van Logistics	_____	_____
Van w/ Curtain	_____	_____
Van w/ Liftgate	_____	_____
Multi-Axle	_____	_____
Supervan	_____	_____
Reefer	_____	_____
Reefer w/ Air Ride	_____	_____
<b>*CONTAINER CHASSIS</b>		
Intermodal Chassis	_____	_____
<b>OTHER</b> _____		

TRAILER TYPE	QTY	SIZE
<b>*EXPEDITE EQUIPMENT</b>		
Straight Truck	_____	_____
Straight Truck w/ Liftgate	_____	_____
Cargo Van	_____	_____
Sprinter	_____	_____
<b>*SERVICES</b>		<b>YES</b> <b>NO</b>
Are you a Broker?	_____	_____
Haz-Mat qualified	_____	_____
Do you offer Teams?	_____	_____
Warehousing	_____	_____
Crossdocking	_____	_____
Rigging Services	_____	_____
Intra Canadian Authority	_____	_____
US Carriers - Do you run Canada?	_____	_____
US Bonded Carriers	_____	_____
Thru trailers to Mexico	_____	_____
Satellite/GPS for trucks	_____	_____
Online Tracking	_____	_____
<b>WHERE DO YOU NEED FREIGHT:</b> i.e. MI to TX		
<b>Please fill out the necessary information and return via our toll free fax 1-888-764-6225</b>		

# BROKER- CARRIER AGREEMENT

This agreement made and entered into this \_\_\_\_\_ day of \_\_\_\_\_ 201\_\_ by and between Automated Logistics Systems, LLC, a Michigan Corporation, 3517 Scheele, Jackson, Michigan, 49202, hereinafter referred to as "BROKER" and \_\_\_\_\_ hereinafter referred to as "CARRIER".

WHEREAS, CARRIER is a motor carrier in interstate or foreign commerce holding operating authority issued by the U.S. Department of Transportation in MC-\_\_\_\_\_ and sub-numbers thereto authorizing the movement of freight and CARRIER desires to solicit and arrange for the movement of freight pursuant to that authority and;

WHEREAS, BROKER is a licensed property BROKER holding authority issued by the US Department of Transportation in License MC-222625, and BROKER desires to solicit and arrange for the movement of freight pursuant to that authority and;

In consideration of the mutual covenants and conditions contained herein, the parties mutually agree as follows.

1. CARRIER represents and warrants to BROKER that it is an authorized motor contract CARRIER holding operating authority from the Department of Transportation to transport general commodities and that the execution of this Agreement is not in violation of CARRIER'S operating authority. CARRIER further agrees to provide written notice to BROKER of any change in the safety rating of CARRIER or and FMCSA Notice of Changes or Notice of Claim related to any changes in CARRIER'S safety rating.
2. BROKER represents and warrants to CARRIER that it is an authorized BROKER of general commodities holding a license from the Department of Transportation and that the execution of this Agreement is not in violation of BROKER'S License.
3. INDEPENDENT CONTRACTOR: It is understood and agreed that the relationship between BROKER and CARRIER is that of independent contractor. None of the terms of this Agreement, or any act or omission of either Party shall be construed for any purpose to express or imply a joint venture, partnership, principal/agent, fiduciary, employer/employee relationship between the Parties. CARRIER shall maintain the exclusive control over the manner and means of performing the transportation services, exclusive control over the operations of its employees, contractors, subcontractors, agents, as well as exclusive control over all vehicles and equipment used to perform its transportation services contemplated in this agreement. BROKER has no right to discipline or direct the performance of any driver and/or employees, contractors, subcontractors, or agents of CARRIER. CARRIER represents and agrees that at no time and for no purpose shall it represent to any party that it is anything other than an independent contractor in its relationship to BROKER.
4. Additionally, all rates, fees or charges, including but not limited to stop-offs, detention, loading or unloading, fuel surcharges, or other accessorial charges, tariff rates, released rates or values, or tariff rules or circulars, or any other service contemplated pursuant to this agreement shall only be valid when their terms are specifically agreed to in a writing signed by both the BROKER and the CARRIER. Any rates, charges or fees which may occur during the transportation service, which were not part of the original written agreement of the BROKER and CARRIER, must also be mutually agreed and confirmed in a subsequent addendum or agreement. All written confirmations of rates, including confirmations by billing and payment,

# BROKER- CARRIER AGREEMENT

shall be incorporated herein by this reference. CARRIER agrees that BROKER may offset against any payments owed to CARRIER the amounts CARRIER owes BROKER.

5. CARRIER agrees to transport such goods and commodities as authorized for transportation within the scope of its authority, that are tendered to CARRIER, in accordance with the responsibilities of a motor carrier by applicable Federal and/or State Law. The CARRIER shall furnish its own motor vehicles and maintain those vehicles in good repair capable of performing all the acts of transportation required by this the BROKER. The CARRIER shall assume all costs of operation and said vehicles shall abide by and comply with all laws, rules, regulations, statutes, and ordinances, relating to the motor transportation industry. CARRIER shall operate as an independent Contractor and shall be responsible for the retention or employment of all drivers and payment of all compensation and benefits due under applicable Federal and State Law. CARRIER agrees to immediately notify BROKER of any delay or inability to perform any transportation service contemplated herein.

6. CARRIER expressly agrees to indemnify, defend and hold BROKER harmless from and against any and all liability for any failure or default of any kind due to the actions of CARRIER, its drivers, employees, agents and/or contractors and from and against any action, loss, damage, cost, expense, claims(including but not limited to, freight damage or loss claims and attorney fees) that may be suffered or incurred by BROKERS as a result of the performance, failure to perform or negligent performance by CARRIER, its drivers, employees, agents and/or contractors of the services or duties to be performed under this agreement. CARRIER and BROKER agree legal operation of the CARRIER and its drivers shall completely and without question govern and supersede any service requests, demands, preferences, instructions, and information from BROKER or BROKER's customer with respect to any shipment at any time.

7. CARRIER agrees, at all times during the term of this Agreement, to carry and keep in force public liability, property damage and under such terms as will meet the CARRIER'S obligations and requirements of all laws and applicable governmental bodies and agencies. In addition, this insurance will provide coverage for the claims of damage to goods in transit asserted by the cargo owner. Proof of insurance naming Automated Logistics Systems as a Certificate Holder shall be provided by CARRIER to BROKER on an annual basis.

Insurance limits must meet the minimum of:

General Liability	\$ 1,000,000 per occurrence
Auto Liability	\$ 1,000,000 combined single limit
Motor Truck Cargo	\$ 100,000 per trailer or combined tandem trailer
Workers' compensation	with limits required by law.

Except for the higher coverage limits which may be specified above, the insurance policies shall comply with minimum requirements of the Federal Motor Carrier Safety Administration and any other applicable regulatory state agency. Nothing in this Agreement shall be construed to avoid or limit CARRIER'S liability due to any exclusion or deductible in any insurance policy.

8. CARRIER further agrees that while this Agreement is in effect and for a period of one (1) year after termination of this Agreement not to directly solicit freight from consignors or consignees whose traffic was tendered to CARRIER pursuant to the efforts of BROKER under this Agreement. The parties agree that CARRIER's violation (including its officers, directors, employees and agents) of this covenant will cause

# BROKER- CARRIER AGREEMENT

irreparable harm to the business of BROKER. Violation of this covenant by CARRIER shall entitle BROKER (a) to a injunctive relief in a Court of competent jurisdiction where BROKER maintains an office, and (b) BROKER's attorney fees plus damages in an amount equal to twenty-five (25%) per cent of the transportation charges invoiced by CARRIER to each consignor or consignee solicited in violation of this covenant while this Agreement is in effect and after its termination during the one (1) year period commencing from the date of first solicitation for each consignor or consignee solicited in violation of this covenant, however the prohibited solicitation time period after termination of the Agreement shall in no case be less than one (1) year following the date of termination of the Agreement.

9. The term of this Agreement shall be one year from the date hereof and thereafter it shall automatically be renewed for successive one (1) year periods, unless terminated, upon thirty (30) day's prior written notice, with or without cause, by either Party at any time, including the initial term. Such notice shall be in writing by certified mail, return receipt requested, postage fully pre-paid, and addressed to the other party at the address of said party as first above written, or at such other address as designated in writing by the other party.

10. CARRIER agrees that the payment of the transportation charges, including detention and accessorial charges are the sole responsibility of the BROKER. CARRIER shall relieve shipper, receiver, consignor or consignee of liability to CARRIER for any non-payment of charges. CARRIER'S sole recourse for the collection of transportation charges, including detention and accessorial charges shall lie only against BROKER. CARRIER shall not withhold delivery of any shipment due to a dispute with BROKER and CARRIER waives any right to assert a lien and that the BROKER maintains the exclusive right to bill or invoice any freight charge incurred under this agreement.

11. CARRIER shall sign a bill of lading in compliance with 49 C.F.R. §373.101 (and any amendments thereto), for the property it receives for transportation under this Agreement. Unless otherwise agreed in writing, CARRIER shall become fully responsible/liable for the freight when it takes/receives possession thereof, and the trailer(s) is loaded, regardless of whether a bill of lading has been issued, and/or signed, and/or delivered to CARRIER, and which responsibility/liability shall continue until delivery of the shipment to the consignee and the consignee signs the bill of lading or delivery receipt. Any terms of the bill of lading (including but not limited to payment and credit terms, released rates or released value) inconsistent with the terms of this Agreement shall be ineffective. Failure to issue a bill of lading, or sign a bill of lading acknowledging receipt of the cargo, by CARRIER, shall not affect the liability of CARRIER.

12. The CARRIER shall obtain from the consignee a complete, signed delivery receipt for each shipment and shall notify BROKER immediately of any exceptions taken at delivery. CARRIER shall send BROKER original signed delivery receipts and bills of lading within 14 days of the date of delivery. BROKER at its option, may accept electronic or facsimile copies of signed delivery receipts and bills of lading on the condition that CARRIER warrants and represents that electronic or facsimile copy is a true and accurate representation of the document at the time the cargo was delivered to the consignee.

13. CARRIER shall be wholly responsible for all transportation services contemplated by this agreement and will perform those services using CARRIER'S own drivers and equipment. Any carrier or driver performing a service under this agreement with operating authority separate from the CARRIER must be approved by BROKER in writing prior to the transportation services described herein.

# BROKER- CARRIER AGREEMENT

14. This agreement shall be construed and enforced in accordance with the laws of the State of Michigan. Any claim or action brought to enforce the terms of this Agreement shall be instituted and prosecuted in the State of Michigan.

15. This Agreement shall not be assigned by either party without first obtaining the written consent of the other party. All modifications of whatever nature to this Agreement shall be in writing and signed by both parties. Any modification to any Schedule, inclusive of changes in any rate or rule, shall be subject to this agreement.

16. In the event that any portion of this Agreement violates any federal or state law, the parties agree that such portion shall be severable and the remaining provisions of the Agreement shall continue in full force and effect.

IN WITNESS WHEREOF, the parties have set their hands and seal the day and date first above written.

**AUTOMATED LOGISTICS SYSTEMS, LLC (broker)**

**CARRIER** \_\_\_\_\_

BY \_\_\_\_\_

BY \_\_\_\_\_

Joseph P Parker - President

PRINT \_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

# FMCSA Motor Carrier

USDOT Number: **2214630**  
Docket Number: **MC222625**  
Legal Name: **AUTOMATED LOGISTICS SYSTEMS, LLC**  
DBA (Doing-Business-As) Name **ALS**



## Addresses

Business Address: **3517 SCHEELE DRIVE  
JACKSON, MI 49202**  
Business Phone: **(517) 782-0258** Business Fax: **Fax: (517) 782-0388**  
Mail Address:  
Mail Phone: Mail Fax: Undeliverable Mail: **NO**

## Authorities:

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

## Insurance Requirements:

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

Blanket Company: **PROCESS AGENT SERVICE COMPANY, INC.**

Comments: **11 11 10: ADDRESS CHANGE ASSIGNED TO L LEVINE. 7/23/03/-OMC-184042-NAMECHANGED ASSIGNED TO BEA**

## Active/Pending Insurance:

Form: <b>84</b>	Type: <b>SURETY</b>	Posted Date: <b>10/02/2013</b>
Policy/Surety Number: <b>13655</b>	Coverage From: <b>\$0</b>	To: <b>\$75,000*</b>
Effective Date: <b>10/01/2013</b>	Cancellation Date:	

Insurance Carrier: **SOUTHWEST MARINE AND GENERAL INSURANCE COMPAN**  
Attn: **GABRIELA TORO / AVALON RISK MANAGEMENT**  
Address: **150 NORTHWEST POINT BLVD., 2ND FLR  
ELK GROVE VILLAGE, IL 60007 US**  
Telephone: **(847) 235 - 6283** Fax: **(847) 890 - 6413**

\* 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.

## Request for Taxpayer Identification Number and Certification

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

<b>Print or type See Specific Instructions on page 2.</b>	<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; 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> 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.</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.)</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 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.

	<div style="border: 1px solid black; padding: 2px;"><b>Social security number</b></div> <table style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>														
	<p><b>or</b></p> <div style="border: 1px solid black; padding: 2px;"><b>Employer identification number</b></div> <table style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>														

**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.

<b>Sign Here</b>	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](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.





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

400 7th Street SW  
Washington, DC 20590

**SERVICE DATE**  
July 31, 2003

**DECISION**

MC-222625

**AUTOMATED LOGISTIC SYSTEMS, INC.**  
**GRAND RAPIDS, MI**

**REENTITLED**

**AUTOMATED LOGISTICS SYSTEMS, LLC**  
**D/B/A ALS**

On July 23, 2003, applicant filed a request to have the Federal Motor Carrier Safety Administration's records changed to reflect a name change.

***It is ordered:***

The Federal Motor Carrier Safety Administration's records are amended to reflect the carrier's name as **AUTOMATED LOGISTICS SYSTEMS, LLC, D/B/A ALS**.

Within 30 days after this decision is served, the applicant must establish that it is in full compliance with the statute and the insurance regulations by having amended filings on prescribed FMCSA forms (BMC91 or 91X or 82 for bodily injury and property damage liability, BMC 34 or 83 for cargo liability, or a BMC 84 or 85 for property broker security and BOC-3 for designation of agents upon whom process may be served) submitted on its behalf. Copies of Form MCS-90 or other "certificates of insurance" are not acceptable evidence of insurance compliance. Insurance and BOC-3 filings should be sent to Federal Motor Carrier Safety Administration, 400 Virginia Avenue, SW, Suite 600, Washington, DC 20024.

The applicant is notified that failure to comply with the terms of this decision shall result in revocation of its operating rights registration, effective 30 days from the service date of this decision.

To verify that the applicant is in full compliance, call (202)358-7000 or visit our web site at:  
<http://fmcsa-li.volpe.dot.gov>. Any other questions regarding the action taken should be directed to (202)366-9805.

***Decided:*** July 28, 2003

By the Federal Motor Carrier Safety Administration.

Terry Shelton, Director  
Office of Data Analysis & Information System

NCA



# Automated Clearing House Form

Email: [AccountsPayable@AutomatedLogistics.com](mailto:AccountsPayable@AutomatedLogistics.com) • Fax: 517-905-3072

ACH is a free service to get your money to you faster and more efficiently by using direct deposit.

**Benefits:**

- Money deposited directly into your account
- No waiting for postal services
- Quick receipt of your money
- No need to make an extra trip to the bank to deposit a check

**Please return completed, signed form to [accounts payable@automatedlogistics.com](mailto:accounts payable@automatedlogistics.com) or fax to 517-905-3072.**

I (we) hereby authorize Automated Logistics Systems, LLC, hereinafter called COMPANY to initiate credit entries to my (our) account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

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

MC Number: \_\_\_\_\_

Depository Name (Financial Institution): \_\_\_\_\_

Routing Number: \_\_\_\_\_

Accounting Number: \_\_\_\_\_ (Circle One)    Checking    Savings

Email Address for Remittance Detail: \_\_\_\_\_

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s): \_\_\_\_\_ (Please Print)

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

NOTE: WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.



# ALS - Quick Pay

Email: [AccountsPayable@AutomatedLogistics.com](mailto:AccountsPayable@AutomatedLogistics.com) • Fax: 517-905-3072

### Quick Pay Benefits:

- Receive Payments Faster – Quick pay carriers are paid within 2 business days (excluding holidays) from receipt of their invoice and signed POD less a Quick Pay discount.
- No contract
- Deposited directly into your account.
- Flexible billing options – we can accept paperwork by fax, email, mail, or hand delivery

### Quick Pay Payment Process:

1. Let your carrier sales rep know you are interested in the quick pay program – They will talk you through the quick pay process and the quick pay transaction fee
2. Select your method of payment/fill out a quick pay “ACH AUTHORIZATION.” Email/fax back completed form.
3. Complete the shipment and forward your invoice and signed POD for the order(s) to [accountspayable@automatedlogistics.com](mailto:accountspayable@automatedlogistics.com) or fax to 517-905-3072 or mail
4. Payment will process within 48 hours, minus a small surcharge percentage

### Flexible Payment Options:

ACH – direct deposit into your bank account. Fill out form below and return to contact at ALS.

\*Carriers that use a factoring company cannot receive quick pay

\*Sorry, no fuel advances

## Quick Pay Authorization Form

Please return completed, signed form to [accountspayable@automatedlogistics.com](mailto:accountspayable@automatedlogistics.com) or fax to 517-905-3072.

I (we) hereby authorize Automated Logistics Systems, LLC, hereinafter called COMPANY to initiate credit entries to my (our) account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

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

Depository Name (Financial Institution): \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ (Circle One)    Checking    Savings

Email Address for Remittance Detail: \_\_\_\_\_

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s): \_\_\_\_\_ (Please Print)

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

NOTE: WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.