

GULICK

Since 1973

Freight Service Logistics, Inc.

CARRIER REQUIREMENTS

**** GULICK FREIGHT SERVICE LOGISTICS REQUIRE THE FOLLOWING INFORMATION FOR ALL CARRIERS****

1. Legal business name of company.
2. Complete mailing and physical address.
3. Toll free, local, mobile, fax number and email address.

4. CERTIFICATE OF INSURANCE:

- a) Certificate of Insurance must list Gulick Freight Service Logistics as an "Additional Insured" in addition to being the Certificate Holder.
- b) Automobile Liability: (minimum Coverage of \$100,000)
- c) Cargo Insurance: (minimum coverage of \$1,000,000)

5. OPERATING AUTHORITY

*All carriers must Possess and proved documentation indicating registration with Federal Motor Carrier Safety Administration.

*All carriers must provide current USDOT Safety Rating.

*All carriers must provide a "Corrective Action" letter if their USDOT Safety Rating is indicated to be "Conditional".

6. FORM W-9

- a) Complete the W-9, sign and date with the present date.
- b) ALL Individual, LLC, AND PARTNERSHIP COMPANIES:

To avoid back-up withholding you must provide any additional documents issued by either the United States Federal Government or a State Government that serves to validate your Social Security Number or your Employer Identification Number (EIN)

Listed below are examples which when submitted will serve to satisfy this requirement:

*Form 2290, the "Schedule of Heavy Highway Vehicles"

*A letter issued by the Internal Revenue Service confirming your EIN or SSN number.

Please fax the above information to (360) 326-7044 OR 800-908-0459

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CARRIER PROFILE

Requested By: Eric Hayes

GENERAL INFORMATION

Carrier Legal Name: _____

DBA: _____ MC#: _____

Physical Address: _____

Remit Address: _____

Business Phone #: _____ Fax #: _____

Toll Free #: _____ Mobile #: _____

After Hours #: _____ Tax Payer ID: _____

E-Mail: _____ Website: _____

Do you have a transportation Brokerage Operation? YES MC # _____ NO

FACTORING INFORMATION

*If you have assigned your accounts receivables to a factoring company, please fill out the following information. Please attach Notice of Assignment when returning Carrier Packet.

Factoring Company: _____

Address: _____

Phone #: _____ Fax #: _____

INSURANCE INFORMATION

Insurance Company: _____

City & State: _____ Phone: _____

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CARRIER PROFILE

EQUIPMENT INFORMATION

Number of Company Owned Units _____ Number of Owner/Operator Units _____

TEAM DRIVERS YES ____ NO ____ Power Only? YES ____ NO ____

HAZARDOUS AUTHORITY? YES ____ NO ____

MARK WHICH AREAS YOU SERVICE

____ I-5 CORRIDOR ____ 7 WESTERN STATES ____ ALL 48 STATES ____ CANADA

OTHER AREAS _____

EQUIPMENT INFORMATION

48 FOOT TRAILERS

REEFER VAN FLATBED STEPDECK

53 FOOT TRAILERS

REEFER VAN FLATBED STEPDECK

SPECIALTY EQUIPMENT

DOUBLE DROP STRETCH LOWBOY R.G.N.

PLEASE FAX THIS DOCUMENT TO: (360) 695-4787 OR EMAIL:

norma@gulicklogistics.com

*Thank you for taking the time to complete this form.
Gulick Freight Service Logistics*

8614 NE 55th Ave, Bldg C. • Vancouver, WA • 98665

Local: 360-693-5131 • Toll Free: 877-470-0971 • Fax: 360-326-7044 • www.gulicklogistics.com

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PROPERTY BROKER/CONTRACT CARRIER AGREEMENT

Agreement made this _____ day of _____, _____ by and between *GULICK FREIGHT SERVICE LOGISTICS*, hereinafter REFERRED to as *BROKER*, and _____ hereinafter REFERRED to as *CARRIER*.

WITNESS THAT: The parties hereto mutually agreed as follows:

- *BROKER* is a duly licensed property *BROKER*, licensed to arrange for the transportation of property by License Number MC370393 and controls the transportation of the commodities to be tendered to *CARRIER* in accordance with the criteria established within the framework of the AGREEMENT.
- *CARRIER* is a *CONTRACT CARRIER* of property authorized by License Number MC _____ (A copy of which license is attached hereto and made part hereof) to provide transportation of property for *BROKER*.
- *BROKER* hereby engages *CARRIER*, for the duration of this contract, to transport not less than 10,000 pounds per year, and *CARRIER* further agrees, subject to availability of its equipment to transport such additional freight as may be tendered for transportation by *BROKER*, as subject to the provisions of this AGREEMENT.
- This AGREEMENT shall remain in effect for one year and is automatically renewed thereafter, subject to cancellation by either party, giving the other party at least thirty (30) days prior written notice of termination by registered mail.
- The *CARRIER* agrees to comply during the lift of this AGREEMENT with all the rules and regulations of the Interstate Commerce Commission governing the filing and approval of surety bonds and policies of insurance.
- This AGREEMENT shall not be construed to make *CARRIER* in any sense a servant, employee, and agent of joint-venture of or with *BROKER* in any manner what so ever. *CARRIER* shall conduct operations hereunder as an independent contractor and, as such, shall have control over employees and shall return responsibility for complying with all laws of State, Federal or Local Governments pertaining anyway to this AGREEMENT.
- *CARRIER* agrees to carry and keep in force at all times public liability, property damage, cargo and workman's compensation insurance with such reliable insurance companies and in such amount as *BROKER* may from time to time approve and such as will meet the requirements of Federal and State regulatory bodies having jurisdiction.

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Freight Service Logistics, Inc.

- **CARRIER** agrees to indemnify and hold harmless the **BROKER** from any and all claims, cost and expenses (including attorneys fees) for death or injury to persons damage of property of any nature whatsoever arising out of or in connection with **CARRIER'S** discharge of duties and responsibilities as specified in the **AGREEMENT**.
- The procedures for handling loss and damage claims shall be as set forth in Code of Federal Regulations, Title 49, Part 1005 and 49 U.S.C Sec 11707 (3). **BROKER'S** estimate of the value of any lost or damaged goods attributes to **CARRIER**. Such a deduction will be subject to final claims resolution in accordance with the claims procedures set out in 49 C.F.R. 1005.
- No modification, addition to or waiver of any right, obligation or default shall be effective unless in writing and signed by the party against whom the same is sought to be enforced.
- The transportation services performed hereunder are to be compensated according to rates agreed upon in advance of individual shipments approved by both parties in writing.
- **CARRIER** agrees that this shall not, for a period of ninety (90) days following termination of the **AGREEMENT**, solicit traffic from any Shipper, Consignor, Consignee or Customer of **BROKER**, where 1. Result of **BROKER'S** efforts or (2) the traffic of the Shipper, Consignor, Consignee or Customer of the **BROKER** was first tendered to the **CARRIER** by the **BROKER**. If **CARRIER** breaches this **AGREEMENT** and "back-solicits" the **BROKER'S** customers and obtains traffic from such a customer, the **BROKER** then is entitled, for a period of twelve (12) months after the involved traffic begins to move, to a commission from **CARRIER** of 10% of the transportation revenue received on the movement of the traffic.
- **This AGREEMENT** reflects the material terms of any prior transportation arrangements between the parties, and all prior transactions shall be governed by the terms herein stated.

IN WITNESS WHERE OF, the parties hereto have set their hands and seals the month and year first above written.

BROKER:

CARRIER:

Gulick Freight Service Logistics

BY :

BY:

PRINT NAME:

PRINT NAME:

TITLE:

TITLE:

WITNESS:

WITNESS:

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Freight Service Logistics, Inc.

28 Day Pay for Carriers

Gulick Freight Service Logistics carrier pay schedule is the following:

Payment will be made in twenty eight (28) business days upon the approval of clean, signed proof of delivery and invoices.

***** NO PAYMENT WILL BE ISSUED WITHOUT A SIGNED RATE CONFIRMATION *****

We also offer quick pay option with administration fee of 3%

***** TO EXPEDITE YOUR QUICK PAY PLEASE STATE QUICK PAY AND QUICK PAY TYPE ON YOUR INVOICE *****

Quick Pay by Comcheck:

**3% Charge
\$12.50 Comcheck Fee
Will get Comcheck same day**

Quick Pay 3 Day by Mail:

**3% Charge
Invoice will be processed in up to 3 days**

Fuel Advance Fees:

**Fuel advance is 1/3 of the Rate
\$12.50 Comcheck Fee
2% Charge off of the fuel advance**

EXAMPLE:

**Rate is \$5000
Fuel Advance (1/3) of the Rate: \$1650
Comcheck Fee: \$12.50
2% of \$1650: (\$33.00)
Total taken out of rate: \$1695.50**



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Freight Service Logistics, Inc.

Attention: Accounts Receivable / Invoicing Department:

Getting paid faster is always something I am interested in.

Did you know that we accept emailed copies of your Invoices and Proofs of Deliveries and all other deliver documents?

GFSLINVOICING@GULICKLOGISTICS.COM

Did you know that we will accept a faxed copy of your invoice and proof of delivery plus other delivery documents (on most accounts)?

Toll Free Fax For Invoices & Supporting Documents (360) 326-9399

We also accept billings and supporting documents by mail.

Our standard pay terms are 28 days from receipt.

We offer fuel advance and quick pay for a fee.

Thank you,

Rhonda Boni-Burden

Rhonda@gulicklogistics.com

(877) 470-0971

GULICK

Since 1973

Freight Service Logistics, Inc.

Corporate Officers:

Willard E. Gulick – President
Charles M. Cunning – Vice President
Richard E. Gulick – Secretary & Treasurer

Established 1973

Bank References

WELLS FARGO BANK
1111 Main Street
Vancouver, WA 98660
Jessica Chrisholm
(360) 696-5798

Gulick Freight Service Logistics, Inc
8614 NE 55th Ave
Building C
Vancouver, WA 98665

MC # 370393
FIN # 91-2024372
Duns # 07-310-1730
Acct # 5309288446

References

GT Logistics
13465 Basalt Court
Lathrop, CA
(503) 870-1496

Kang Transportation
1562 Berkshire Drive
Yuba City, CA 95993
(530) 682-0781

YLR Express
1937 S.W. 33rd Street
Gresham, OR 97080
(503) 422-2242

8614 NE 55th Ave, Bldg C • Vancouver, WA • 98665

Local: 360-693-5131 • Toll Free: 877-470-0971 • Fax: 360-326-7044 • www.gulicklogistics.com

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Since 1973

Freight Service Logistics, Inc.

Operations Manager

Rhonda Boni-Burden

rhonda@gulicklogistics.com

After hours: (360) 772-3082

Logistics

Michelle Jones – Logistics Manager

michelle@gulicklogistics.com

After hours: (360) 991-2860

Anne Hopkins – Broker / Customer Service Representative

anne@gulicklogistics.com

After hours: (360) 558-0510

Eric Haynes – Broker / Expediter

eric@gulicklogistics.com

After hours: (360) 991-3746

Chuck Jones – Broker / LTL Specialist

chuck.jones@gulicklogistics.com

After hours: (360) 721-2898

James Nygren – Broker

james@gulicklogistics.com

After hours: (360) 213-6936

Ruben Renteria – Broker

ruben@gulicklogistics.com

After hours: (360) 281-2283

Shari Kolbo – Broker

shari@gulicklogistics.com

After hours: (360) 241-8578

Chris Stuehm – Broker

chriss@gulicklogistics.com

After hours: (360) 599-5494

Jordan Munday – Broker / Specialty Equipment

munday@gulicklogistics.com

After hours: (360) 771-0064

Darren Johnson – Broker / Specialty Equipment

darren@gulicklogistics.com

After hours: (360) 771-3089

GULICK

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Freight Service Logistics, Inc.

Agents

Ryan Dean – Agent Resource Manager

ryan@gulicklogistics.com

After Hours: (360) 241-0940

Russ Damyan

russ@gulicklogistics.com

After Hours: (208) 649-5023

Paul Kelly

paulk@gulicklogistics.com

After Hours: (360) 909-1877

Chris Chorn

chris@gulicklogistics.com

After Hours: (530) 539-4439

Theresa Smith

theresa@gulicklogistics.com

After Hours: (816) 288-0332

Andrew Stephens

andrew@gulicklogistics.com

After Hours: (971) 570-3759

Support Staff

Amanda Gardino - Accounting

amanda@gulicklogistics.com

Norma Bowles – Carrier Compliance

norma@gulicklogistics.com

PM-25
(Rev. 1/95)

SERVICE DATE
December 10, 1999

DEPARTMENT OF TRANSPORTATION
OFFICE OF MOTOR CARRIER SAFETY

LICENSE

MC 370393 B

BGB & F INC.
D/B/A GULICK FREIGHT SERVICES LOGISTICS
VANCOUVER, WA, US

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). Applicant shall also render reasonably continuous and adequate service under this authority. Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.


Thomas T. Vining
Chief, Licensing and Insurance Division

MC 370393

PERFORMANCE BOND		Form Approved OMB No. 0702-0088
1. BOND NUMBER 7970012	2. DATE BOND EXECUTED 11/29/12	
3. PRINCIPAL (Legal Name, SCAC and Address) Gulick Freight Service Logistics, Inc. GFCT	4. TYPE OF ORGANIZATION Corp	5. STATE OF INCORPORATION
6. SURETY(IES) (Name and Address) Great American Alliance Insurance Company 301 E. 4th Street Cincinnati, OH 45202	7. SUM OF BOND \$100,000	
	8. EFFECTIVE DATE 11/30/12 (12:01 a.m. EST & continuing until canceled)	
DEPARTMENT OR AGENCY REPRESENTING THE GOVERNMENT: Surface Deployment and Distribution Command (SDDC), Domestic Carrier Services Branch		
<p>Know all men by these presents, that we, the Principal and Surety(ies) hereto, are firmly bound to the United States of America (herein- after called the Government) in the above sum for the repayment of which we bind ourselves, our heirs, executors, administrators, and successors, jointly and severally.</p> <p>The condition of this obligation is such, that whereas the Principal contemplates entering into Government Bill of Lading contracts, from time to time during the effective period of this Bond, with the Government, represented by the department or agencies shown above for furnishing supplies or services to the Government, and desires that all such contracts be covered by one bond, instead of by a separate Performance Bond for each contract.</p> <p>Now, therefore, if the Principal shall perform and fulfill all the undertakings, covenants, terms, conditions and agreements of any and all such contracts so entered into during the original term thereof and any extensions that may be granted by the Government, with or without notice to the Surety(ies) and during the life of any guaranty required under the conditions, and agreements of any and all duly authorized modifications of such contracts, that may hereafter be made, notice of which modifications of to the Surety(ies) being waived, then the above obligation shall be void and of no effect.</p> <p>This Performance Bond serves to protect the Government against potential financial damage and interference with SDDCs mission to effect delivery of shipments. By this Performance Bond, the Surety underwrites and assumes the Principals liability to the Government for excess procurement costs when, due to the Principals failure to complete the delivery of a shipment, and SDDC deems it necessary to reprocur transportation services from an alternate carrier. The Government shall be the sole beneficiary of this Bond in the event the Principal defaults and is unable to perform for whatever reason, including that of filing a petition in bankruptcy, or an involuntary bankruptcy. This bond will be continuous and may be canceled at any time by the Surety(ies) upon thirty (30) days written notice to SDDC sent by e-mail to Usarmy.scott.sddc.mbx.carrier-registrations@mail.mil representing the Government. Termination under this provision shall not effect, or relieve the Surety(ies) of any obligation or liability that may have occurred prior to such termination.</p> <p><u>NOTE 1:</u> The word contracts as used herein means agreements for transportation and service as provided in applicable Government Bills of Lading, and associated tenders of service, rate tenders and tariffs.</p> <p><u>NOTE 2:</u> The word services as used herein means all transportation and related services required to be performed in accordance with the applicable contracts as defined above.</p> <p>In witness hereof, the Principal and Surety(ies) have executed this Performance Bond and have affixed their seals on the date set forth above.</p> <p>Do not send this form or copies to SDDC</p>		

Gullick Freight
Service Logistics

MC 370373

A. PRINCIPAL		B. CORPORATE SEAL
(1) Signature	(2) Typed Name and Title	
C. SURETY		D. CORPORATE SEAL
(1) Signature	(2) Typed Name and Title	
<i>Lisa Gelsomino</i>	Lisa M. Gelsomino, Atty in Fact	

INSTRUCTIONS FOR COMPLETING PERFORMANCE BOND

1. Enter the Performance Bond number.
2. Enter the date on which the Performance Bond is executed.
3. Enter the full legal name, Standard Carrier Alpha Code (SCAC), and business address of the Principal.
4. Enter the type of organization (individual, partnership, joint venture, or corporation).
5. Enter the state in which the Principal is legally incorporated.
6. Enter the legal name and business address of the Surety(ies). The Bond shall be executed by a Surety identified in the most current Fiscal Service, Treasury Department Circular No. 570, and shall be acting within the limitations set forth therein.
7. The sum of the Bond shall be no more than \$100,000. Enter figures only as shown in the following example:

Thousand(s)	Hundred(s)	Cent(s)
100,	000.	.00
8. The bond will be continuous until canceled. Enter the beginning date of the Bond.
9. a. The Bond shall be signed by the executive carrier official, and the persons name and title shall be typed.
 - b. The Principals corporate seal shall be affixed.
 - c. The original signature(s), typed name and title of the person representing the Surety shall be provided.
 - d. The corporate seal of the Surety shall be affixed

Request for Taxpayer Identification Number and Certification

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

Print or type
 See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name/disregarded entity name, if different from above	
Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	Gulick Freight Service Logistics, Inc 8614 NE 55th Ave, Bldg C Vancouver, WA 98665
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN) Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3. Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="9" style="text-align: center;">Social security number</th> </tr> <tr> <td style="width: 25px; height: 25px;"> </td> <td style="width: 25px; height: 25px;"> </td> <td style="width: 25px; height: 25px;"> </td> <td style="width: 25px; height: 25px;"> </td> <td style="width: 25px; height: 25px;"> </td> <td style="width: 25px; height: 25px;"> </td> <td style="width: 25px; height: 25px;"> </td> <td style="width: 25px; height: 25px;"> </td> <td style="width: 25px; height: 25px;"> </td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="9" style="text-align: center;">Employer identification number</th> </tr> <tr> <td style="width: 25px; height: 25px;">9</td> <td style="width: 25px; height: 25px;">1</td> <td style="width: 25px; height: 25px;">-</td> <td style="width: 25px; height: 25px;">2</td> <td style="width: 25px; height: 25px;">0</td> <td style="width: 25px; height: 25px;">2</td> <td style="width: 25px; height: 25px;">4</td> <td style="width: 25px; height: 25px;">3</td> <td style="width: 25px; height: 25px;">7</td> </tr> </table>	Social security number																		Employer identification number									9	1	-	2	0	2	4	3	7
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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.
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Sign Here Signature of U.S. person ▶ _____	Date ▶ _____
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on www.irs.gov/w9 for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 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

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.