

SNM FREIGHT SOLUTIONS



101 BATEMAN ROAD , OAKDALE, PA 15071

Phone: 412-253-6581 Fax: 412-515-0545

EIN# 84-4394452

USDOT# 3389762

MC# 1089237

EMAIL: snmfreightsolutions@gmail.com

Thank you for choosing SNM Freight Solutions Inc. We operate as a freight brokerage firm from the suburbs of Pittsburgh, PENNSYLVANIA and proudly facilitates movement of various types of shipments with our partners listed below and many other partners in the industry for our customers throughout North America.

REFERENCES

SAINT ANTHONYS 1138 PROSPECT AVENUE E. CLEVELAND, OH 44115 216-404-2468 **ANTHONY KOKAL**
ALL TRANS SERVICES INC 2107 STONEHENGE DR. GREENBRIER, TN 37073 645-643-3595 **BRENT HALL**
LANGLEY TRAFFIC SERVICES 277 RT 1 TREVISO, PA 19053 800-523-6880 **DONNA**

BANKING INFORMATION

CITIZENS BANK 6400 Steubenville Pike. Pittsburgh, PA 15205 412-480-3307 Joshua
ACCOUNT NUMBER 6314337686 BUSINESS CHECKING

\$75,000 SURETY BOND INFORMATION

UNITED STATES SURETY COMPANY 801 S. FIGUEROA STREET, SUITE 700 LOS ANGELES, CA
90017 US Policy# 100482321 BMC-84 TEL. 310-649-0990 Fax. 310-649-0033

CONTACT CUSTOMER SERVICE

Please call LANA @412-843-0976 regarding any questions
EMERGENCY/OVERNIGHT PLEASE CONTACT 412-253-6581

SNM FREIGHT SOLUTIONS



DEAR VALUED CARRIER

THANK YOU FOR YOUR INTEREST IN SNM FREIGHT SOLUTIONS INC

IN ORDER TO MOVE FORWARD TOGETHER YOU WILL NEED THE FOLLOWING DOCUMENTS:

Signed broker-carrier agreement – make sure to sign and fill out completely

Completed W-9 a blank w-9 page has been included for you

New Carrier profile form

Copy of MC Authority

Payment instructions and options

Safety rating documents (if available)

Certificate of insurance faxed back to 1-412-515-0545 with:

Certificate holder listed as: SNM Freight Solutions 101 Bateman Road., Oakdale, PA 15071

We look forward to working with you!

SNM FREIGHT SOLUTIONS INC

Phone# 412-253-6581

Fax #: 412-515-0545

Email: snmfreightsolutions@gmail.com

Address: 101 Bateman Road, Oakdale, PA 15071

BROKER/CARRIER AGREEMENT

THIS AGREEMENT made and entered into this _____ day of 20__ by and between _____ (Carrier), an interstate carrier of property holding authority from the Federal Motor Carrier Safety Administration (FMCSA) MC _____, with its offices at _____ and SNM Freight Solutions (Broker) licensed by the FMCSA as a TRANSPORTATION BROKER, Docket No. MC 1089237 with its principal place of business at 101 Bateman road, Oakdale ,PA 15071.

WITNESSETH:

WHEREAS, Carrier holds appropriate carrier authority from the FMCSA to engage in interstate transportation of property, and

WHEREAS, Broker is duly licensed to a TRANSPORTATION BROKER;

NOW THEREFORE, in consideration of the mutual covenants, conditions and agreements set forth in the Agreement, the parties intending to be legally bound agree as follows:

The BROKER and the CARRIER have, upon due consideration, determined that a contract sales agreement is to their mutual advantage and best interest, they hereby agree to the following terms and conditions:

1. BROKER agrees to offer for shipments and CARRIER agrees to transport motor vehicle from and to such points between which service may be required, subject to the availability of suitable equipment.
2. CARRIER agrees to maintain Cargo Insurance in the amount of no less than \$100,000 to compensate BROKER owner, or consignee for loss or damage to property belonging to BROKER, owner, or consignee which property came into the possession of CARRIER in connection with its transportation service. The Cargo Insurance shall be in the form required by 49 C.F.R 1043.2 (b), and shall have no exclusions or restrictions that would to be accepted by the Federal Highway Safety Administration for a filing under the statutory requirements of the above cited section, but shall, in all respects, be identical to the Cargo Insurance filed in accord with the said section. CARRIER shall cause its insurance carrier to forward forthwith to BROKER a standard Certificate of Insurance which Certificate shall required the insurance carrier to give BROKER written 30 days notice prior to the cancellation of such Cargo Insurance.
3. Rates and charges to traffic moved under the AGREEMENT shall be as agreed to between the parties hereto in writing and are to be contained in a rate schedule or memorandum of rates and charges prepared and issued by CARRIER and acknowledged by BROKER. Changes to this schedule or memorandum shall also be made in writing on mutually agreed notice time, and similarly acknowledged. This schedule shall also contain the conditions of, and charges

for, any additional or accessorial services which may be required or performed. That schedule shall also set forth the ways in which statutory provisions as to contract carriage are to be fulfilled, i.e. either (1) by furnishing transportation service through the assignment of motor vehicles for a continuing period of time to the exclusive use of the broker, or (2) by furnishing transportation services designed to meet the distinct needs of the Broker.

4. Rates may be established or amended verbally in order to meet specific shipping schedules as mutually agreed, but such verbal contract shall be reduced to writing within five (5) working days of the movement of the involved freight in order to remain binding between the parties.
5. The CARRIER shall, on each movement, issue a uniform (standard) Bill of Lading, and the traffic shall move under the terms and conditions of the said Bill of Lading, which shall contain the standard provisions as to the filing and settling of claims.
6. BROKER agrees to pay CARRIER for the transportation of authorized commodities under this agreement in accordance with the effective schedules with 21 days of the receipt by BROKER of the CARRIER'S invoice covering such transportation.
7. Neither party hereto shall be liable for the failure to tender or timely transport freight under this AGREEMENT if such failure, delay or other omission is caused by strikes, acts of God, war, accidents, civil disorder, or through compliance with legally constituted order of civil or military authorities.
8. CARRIER shall be liable to BROKER for the loss or damage to any property transported under this AGREEMENT. Such liability shall begin at the time the cargo is loaded upon CARRIER'S equipment at point of origin, and continues until said cargo is delivered to the designated consignee at destination, or to any intermediate stop off party. The liability shall be for the full value of the item, which shall be understood to mean the replacement cost of the lost or damaged item(s).
9. All claims for loss and damage and any salvage arising there from shall be handled and processed in accordance with the regulations with the regulations of the Federal Highway Safety Administration as published in the Code of Federal Regulations (49 CFR 1005).
10. If any dispute arises about any matter covered by the terms of this Agreement, the dispute may be referred to:
 - a. The Arbitration Procedures of the Transportation Brokers Conference of America, or, the parties do not mutually agree to submit to this arbitration procedures, then,

(CONTINUED)

b. It must be submitted to the arbitration procedures of the American Arbitration Association.

No court action can be taken by either party prior to arbitration, and the decision of the arbitrating association shall be binding on both parties in any subsequent court action.

11. The relationship of the CARRIER to the BROKER shall, at all times, be that of an independent contractor.
12. This Agreement shall be effective as of the date hereof and shall continue in effect for a period of one (1) year of such date, and from year to year thereafter, subject to the right of either party hereto to cancel the Agreement at any time upon not less than thirty (30) days written notice by Certified Mail of one party to the other.
13. Carrier agrees to support and protect Broker's efforts in the performance of the Agreement by refraining from any direct contract or solicitation of accounts that Broker introduces to Carrier. Brokers will identify its account to Carrier and/or as each new account is added, it will be added to the contract. Carrier acknowledges the account as Broker's account when freight begins moving via Carrier, and the account becomes Broker's account with this contract being fully applicable and a commission on all traffic that is moved by Carrier for that account shall be paid to Broker. If Carrier institutes the termination of the contract, Carrier agrees to refrain from contract of solicitation of Broker's company accounts and to refrain from handling any freight that was previously handled under this contract. If after Carrier initiates termination of this contract, Carrier does not refrain from contacting or soliciting or handling freight previously handled under this contract, Carrier agrees to pay Broker ten percent (10%) of any and all billings. Carrier issues for such movements for one (1) year following the date of such termination.
14. Carrier agrees that Broker may publicly report this breach of the Agreement, if it occurs, to any trade association or publication, and that the facts as to the breach may be published.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement the date and year first above written.

CARRIER:

By: _____
(Signature)

Address:

BROKER:

By: BRIAN FONTANES
(Signature)

Address:

101 Bateman Road
Oakdale, PA 15071

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: ☐ Individual/sole proprietor or single-member LLC ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. ☐ Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number									
				-				-	
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

- 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 ▶
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General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- 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.

SNM FREIGHT SOLUTIONS



PAYMENT TERMS

PLEASE MAKE A SELECTION OF THE FOLLOWING PAYMENT TERMS YOU WOULD LIKE TO BE SET UP WITH. BY SELECTING THE TERM BELOW, IT WILL BE YOUR PERMANENT PAYMENT TERM UNTIL SNMFS IS NOTIFIED IN WRITING OF A CHANGE. IF YOU MAKE NO SELECTION, OR DO NOT RETURN SIGNED FORM TO SNMFS, YOUR PAYMENT TERM WILL DEFAULT TO 25 DAYS. WE CAN PAYOUT ON COPIES BUT ALL ORIGINAL DOCUMENTS MUST BE LEGIBLE.

ALL PAYMENT TERMS ARE CALCULATED FROM THE DATE SNMFS RECEIVES ALL NECESSARY PAPERWORK

1. INVOICE WITH YOUR COMPANY NAME AND ADDRESS
2. SNMFS RATE CONFIRMATION. ANY ADDITIONAL CHARGES MUST BE SHOWN WITH A NEW CONFIRMATION FROM SNMFS. PAYMENT WILL BE MADE ACCORDING TO ASL RATE CONFIRMATION
3. BOL/POD SIGNED BY CONSIGNOR AND CONSIGNEE
4. ANY UNLOADING OR PALLET RECEIPTS WITH SNMFS AUTHORIZATION

25 DAYS FREE CHECK MAILED WITHIN 25 DAYS OF SNMFS RECEIVING THE NECESSARY PAPERWORK.

ACH DIRECT DEPOSIT, MUST COMPLETE AND RETURN SIGNED ELECTRONIC FUNDS TRANSFER REQUEST FORM. WILL ALSO NEED A VOIDED CHECK. PLEASE CHECK BELOW HOW YOU WOULD LIKE TO GET PAID.

_____ **7 DAY QUICK PAY** -3% SERVICE FEE WILL BE DEDUCTED FROM THE GROSS TRUCK RATE. WITH NO ADDITIONAL FEE. DEPENDING ON YOUR BANK FUNDS COULD TAKE 3-5 BUSINESS DAYS TO BE AVAILABLE. MUST COMPLETE AND RETURN SIGNED ELECTRONIC FUNDS TRANSFER REQUEST FORM.

_____ **1 DAY QUICK PAY** -5% SERVICE FEE WILL BE DEDUCTED FROM THE GROSS TRUCK RATE. WITH NO ADDITIONAL FEE. FUNDS TYPICALLY AVAILABLE SAME DAY OR THE NEXT DAY. MUST COMPLETE AND RETURN SIGNED ELECTRONIC FUNDS TRANSFER REQUEST FORM.

_____ **25 DAYS STANDARD PAY** - FREE, CHECK VIA MAIL TO YOUR PREFERRED US ADDRESS

VENDOR ELECTRONIC FUNDS TRANSFER REQUEST

***ALL FIELDS ARE REQUIRED IF REQUESTING DIRECT DEPOSIT**

COMPANY NAME _____ ELECT DIRECT DEPOSIT ☐

CHECKING/SAVINGS INFORMATION

BANK NAME _____ PHONE # (____) _____

CITY/STATE/ZIP CODE: _____

TRANSIT/ROUTING NUMBER: _____ ACCOUNT #: _____

CHECKING ACCOUNT ☐

SAVINGS ACCOUNT ☐

OTHER (DESCRIBE) _____

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

PLEASE ATTACH VOIDED CHECK BELOW

PLEASE ATTACH VOIDED CHECK HERE

NEW CARRIER DATA ENTRY

ALL DATA MUST BE COMPLETE, CORRECT AND LEGABLE

ICC/MC# _____ USDOT# _____ SCAC CODE _____ FED ID _____

CARRIER STATUS: ☐ ACTIVE ☐ INACTIVE

COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER (_____) _____ EMAIL _____

FAX NUMBER (_____) _____

CONTACT PERSON _____ #(_____) _____ EXT _____

NUMBER OF POWER UNITS _____ # OF TRAILERS _____

LIST # OF TRAILERS BY TYPE: V53 _____ V48 _____ FB _____ R53 _____ SD _____

OR OTHERS(_____).

PREFERED SERVICE AREA/LANE _____

RECEIVABLE/FACTORING COMPANY NAME _____

RECEIVABLES ADDRESS: _____

CITY _____ STATE _____ ZIP _____

INSURANCE: ATTACH A COPY OF THE CERTIFICATION INSURANCE
CERTIFICATE OF INSURANCE IS REQUIRED BEFORE CARRIER IS USED!

CANCELLATION DATE OF INSURANCE: ____/____/____

COMPLETED BY: _____ DATE: ____/____/____

INSURANCE AGENT NAME _____ #(_____) _____ EXT _____

FMCSA Motor Carrier

USDOT Number: **3389762**

Docket Number: **MC#####**

Legal Name: **SNM FREIGHT SOLUTIONS INC**

DBA (Doing-Business-As) Name



Addresses

Business Address: **101 BATEMAN RD
OAKDALE, PA 15071**

Business Phone: **4122740467** Business Fax: **Fax: 4125150545**

Mail Address: **101 BATEMAN RD
OAKDALE, PA 15071-3906**

Mail Phone: Mail Fax: Undeliverable Mail: **NO**

Authorities

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

Insurance Requirements:

BIPD Exempt:	NO	BIPD Waiver:	NO	BIPD Required:	\$0	BIPD on File:	\$0
Cargo Exempt:	NO			Cargo Required:	NO	Cargo on File:	NO
BOC-3:	YES			Bond Required:	YES	Bond on File:	YES
Blanket Company: #1 A BOC-3 FILING INC							

Comments:

Active/Pending Insurance:

Form: 84	Type: SURETY	Posted Date: 02/04/2020
Policy/Surety Number: 100482321	Coverage From: \$0	To: \$75,000*
Effective Date: 01/31/2020	Cancellation Date:	

Insurance Carrier: **UNITED STATES SURETY COMPANY**
Attn: **ICC BROKER - RENEWAL DEPARTMENT**
Address: **801 S. FIGUEROA STREET, SUITE 700
LOS ANGELES, CA 90017 US**
Telephone: **(310) 649 - 0990** Fax: **(310) 649 - 0033**

* 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.

FMCSA Motor Carrier

USDOT Number: **3389762**

Docket Number: **MC#####**

Legal Name: **SNM FREIGHT SOLUTIONS INC**

DBA (Doing-Business-As) Name



Rejected Insurances:

Form:	Type:	Coverage From:	\$0	To:	\$0
Policy/Surety Number:		Received:	Rejected:		
Rejected Reason:					

Insurance History:

Form:	Type:	Coverage From	\$0	To:	\$0
Policy/Surety Number:		Effective Date From:	To:	Disposition:	

Insurance Carrier:

Attn:

Address:

Telephone:

Fax:

Authority History:

Sub No.	Authority Type	Original Action	Disposition Action
	PROPERTY BROKER	GRANTED	02/24/2020

Pending Application:

Authority Type	Filed	Status	Insurance	BOC-3

Revocation History:

Authority Type	1st Serve Date	2nd Serve Date	Reason



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

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

SERVICE DATE
February 24, 2020

LICENSE
MC-1089237-B
U.S. DOT No. 3389762
SNM FREIGHT SOLUTIONS INC
OAKDALE, PA

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.

Jeffrey L. Secrist, Chief
Information Technology Operations Division

BPO