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 the 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 TREVOSE, 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

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

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

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.
SNM Freight Solutions Inc

2 Business name/disregarded entity name, if different from above
SNM Freight Solutions Inc

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☑ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: 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 **not** 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.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
101 Bateman Rd.

Requester's name and address (optional)

6 City, state, and ZIP code
Oakdale, PA 15071

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
8	4	–	4	3	9	4	4	5	2

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 for Part II, later.

Sign Here **Signature of U.S. person ▶** Salinstaid **Date ▶** 2/27/2020

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.*

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.*

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:
Policy/Surety Number: Coverage From: **$0** To: **$0**
Received: Rejected:
Rejected Reason:

Insurance History:

Form: Type:
Policy/Surety Number: Coverage From **$0** To: **$0**
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

FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION
ACCEPTANCE REPORT

USER ID:	**SCHANGUSSC**
TRANSMISSION NUMBER:	**WEB83534**
TRANSMITTED ON:	**02/04/2020 11:22:25**
COMPANY NAME:	**UNITED STATES SURETY COMPANY**
SUMITTED BY:	**UNITED STATES SURETY COMPANY (23103-00)**

Docket	Form/Type	Policy Number	Effective Date	Action
MC-1089237	**BMC-84/SURETY**	**100482321**	**01/31/2020**	**ACCEPTED**

Values in FMCSA Licensing & Insurance Database:

Legal Name: SNM FREIGHT SOLUTIONS INC
Address: 101 BATEMAN RD
OAKDALE PA US 15071
101 BATEMAN RD
OAKDALE PA US 15071-3906

91X Coverage(Type/Max/Underlying):

Total: 1

SHIPPER/BROKER CONTRACT

This Agreement is entered into this_____ day of _____, 20___, to be effective on date signed. By and Between _____SNMFS_____, ("Broker"), and _____, ("Shipper"), located at _____ (City & State).

RECITALS:

A) Broker is authorized to arrange freight by motor carrier as a Property Broker pursuant to the laws and regulations issued by the United States Department of Transportation and/or the rules and regulations of the Federal Motor Carrier Safety Administration if applicable to interstate commerce.

B) That at all times for which this Agreement shall be effective, Broker shall comply with said laws and regulations and otherwise maintain its Broker authorities; and

C) This agreement shall be effective from the date signed by both the shipper and the Broker.

IT IS AGREED AS FOLLOWS:

1) The term of this agreement shall commence upon the effective date of this agreement and continue for a period of three months at the rates as stated in **Appendix "A,"** and that said Agreement will continue in effect at the rates as stated in **Appendix "A"** or as amended with the consent of the Broker and the Shipper. This Agreement may be terminated upon 30 days written notice by either party to the other, but in no case prior to thirty days (30) after the effective date of this agreement.

2) The shipper hereby agrees to tender to the Broker during the term of this Agreement a continuing series of shipments of **(Commodities)** but in no event less than a minimum of _____ truckloads per week from the date hereof, for shipment **From _____ to** points in the United States.

3) Broker agrees that it will at all times hold itself ready and able to perform the services there under, subject to the availability and limitations of equipment. Shipper agrees that reasonable notice will be given the Broker of the need for service. Broker has the right to utilize such motor vehicle equipment, as in its discretion is necessary to comply with the terms and provisions of this Agreement, with reference to the transportation of the Shipper's commodities, and to utilize sub-haulers and owner-operators in its discretion to perform the transportation service herein.

4) Shipper agrees to pay carrier as compensation for such transportation the rates and charges set forth herein and in Appendix "A" provided the transportation rates are subject to the rules, regulations, and decisions as prescribed by the Federal Motor Carrier Safety Administration from time to time. The parties may from time to time modify said rates in writing, subject to the rules and regulations.

5) If either party to this Contract should suffer damage in any manner due to the negligence of the other party or the agent thereof, the injured party shall be reimbursed by the negligent party for the actual amount necessary to replace the damaged goods being transported. Except in the case of the Broker's negligence, the Shipper agrees to not hold the Broker responsible for any consequential damage such as profits, cost of obtaining additional transportation, etc. Other than due to broker's negligence, Broker shall not be responsible for acts of God, strikes, weather conditions, inability to secure labor, fire regulations or restrictions imposed by any government or governmental agency, or other delays beyond the control of the Broker.

6) Broker shall perform all services there under as an independent contractor and shall render freight bills to the Shipper for payment. Shipper agrees to make payment within fifteen days (15) after presentation of said freight bills.

7) Neither of the parties shall assign this Agreement or any interest or right herein without the written consent of the other.

8) This agreement shall be interpreted under the laws of the State of PA.

9) In the event of any dispute or litigation arising out of or relating to the meaning, interpretation or breach hereof, or compliance or non-compliance with the terms of this Agreement, the prevailing party shall be entitled to reasonable attorney's fees and costs, to be paid by the losing party.

10) All notices to be delivered or deliverable under this Agreement shall be in writing sent by certified or registered mail.

IN WITNESS WHEREOF, the parties have signed this Agreement on the day and year above written.

BROKER: SNMFS	**SHIPPER:**
ADDRESS: 101 Bateman Road	**ADDRESS:**
Oakdale, PA 15071	
BY: Brian Fontanesi	**BY:**
TITLE: Fleet Dispatcher	**TITLE:**

RATES
See Appendix "A"
Attached hereto and made a part hereof.

SHIPPER CREDIT INFORMATION

Company Name:_____

Address:_____

City:_____State:_____Zip:_____

Established: _____/_____/_____

Federal ID Number_____D&B Number_____

Principals:_____Corp_____LLC_____Sole Owner_____

Bank References:_____

Trade References:

(1)_____

(2)_____

(3)_____

NEW CUSTOMER DATA ENTRY

ALL DATA MUST BE COMPLETE, CORRECT AND LEGIABLE

ICC/MC NUMBER _____ FED ID_____

COMPANY NAME_____

ADDRESS_____

CITY _____ STATE_____ ZIP _____

TELEPHONE NUMBER (_____) _____ EMAIL _____

FAX NUMBER (_____) _____

CONTACT PERSON _____

COMPLETED BY: _____

DATE: _____/_____/_____

SIGNATURE_____