



CUSTOMER PACKET

Thank you for your interest to partner with Lone Star Logistics. To streamline the entry of your company into our database, we have provided the following packet outlining the specific information we will need from you. Please see below for the list of documents that need to be filled out and/or provided.

For your records:

- **Company profile and contact information**
- **Certificate of Liability Insurance**
- **Authority**
- **IRS Form W-9**
- **Credit Application**
- **Broker – Shipper Transportation Agreement NOT Included.**

What we will need from you:

Please complete the following documents and fax them to 847-582-0255 or email to info@lone-starlogistics.com

1. ____ Broker/Shipper Agreement – Company Shipper / Broker Agreement
2. ____ Credit Application – Please complete & return or provide your letter of business references and your Accounts Payable contact information

Feel free to call 847-582-0255 if you have any questions or need any further assistance. Our website: www.lone-starlogistics.com



COMPANY PROFILE

Name: Lone Star Logistics, LLC
Telephone: 833-562-3711
Fax: 833-578-7329
Address: 5 Revere Drive, Ste. 236
Northbrook, IL 60062

MC# 1192140-B USDOT: 3555333
Fed ID# 86-1712827
Website www.lone-starlogistics.com

COMPANY PROFILE

Will Baker	Co-Founder / Broker	918-361-2065	will@lone-starlogistics.com
Leticia Bustos	Co-Founder Operations Manager	Direct: 847-792-1509 Cell: 918-671-0563	Lety@lone-starlogistics.com
Raul Victores	Account Executive Tampa Office	786-673-2452	raul@lone-starlogistics.com
Jared Bright	Account Executive Offshore Office	407-550-1805	jared@lone-starlogistics.com
Federico Olmos	Carrier Sales Manager	872-345-5009	federico@lone-starlogistics.com
Nick Salivan	Account Executive Offshore office	407-839-6303	nick@lone-starlogistics.com



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

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

SERVICE DATE
February 12, 2021

LICENSE
MC-1192140-B
U.S. DOT No. 3555333
LONE STAR LOGISTICS LLC
CHICAGO, IL

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.

A handwritten signature in black ink, appearing to read "Jeffrey L. Secrist".

Jeffrey L. Secrist, Chief
Information Technology Operations Division

BPO



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/9/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement.

PRODUCER: Avalon Risk Management Insurance Agency LLC
CONTACT NAME: Jodie Maher
PHONE: (847) 700-8099
INSURER(S) AFFORDING COVERAGE: New York Marine & General Insurance Co. NAIC #: 16608

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF, POLICY EXP, LIMITS. Includes Commercial General Liability, Automobile Liability, Umbrella Liab, Workers Compensation, and Combined Trans Liab.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Errors and Omissions \$1,000,000 per occurrence and aggregate per policy period
Contingent Motor Truck Cargo \$100,000 per occurrence and aggregate per policy period
Contingent Auto Liability \$1,000,000 per occurrence and aggregate per policy period

CERTIFICATE HOLDER: SAMPLE
CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE: Jodie Maher

Request for Taxpayer Identification Number and Certification

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

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

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Lone Star Logistics LLC	
2 Business name/disregarded entity name, if different from above	
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. <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 <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ <u> S </u> <small>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.</small> <input type="checkbox"/> Other (see instructions) ▶	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U. S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. 26 E. Scott Street, Unit 2	Requester's name and address (optional) ISTI Plant Services 17207 E 21st. St., Tulsa, OK 74134
6 City, state, and ZIP code Chicago, IL, 60610	
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	6		-	1	7	1	2	8	2	7

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 ▶ <i>Will Baker</i>	Date ▶
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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.



APPLICATION FOR CREDIT

****The following must be provided and will be held in strict confidence****

Business Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone Number: _____ Fax Number: _____

____ Corporation ____ Partnership ____ Individual

Federal Tax ID#: _____ Years in Business: _____

Owner: _____ Address: _____

City/State: _____

Phone: _____

A/P Contact: _____ Phone: _____

Email: _____

References:

Business Name/Address

Contact Information

1. _____ Phone: _____
_____ Email: _____
_____ Fax: _____

2. _____ Phone: _____
_____ Email: _____
_____ Fax: _____

[Application continues on next page]



References continued:

Business Name/Address

Contact Information

3. _____ Phone: _____
_____ Email: _____
_____ Fax: _____

Applicant has carefully reviewed the representations set forth above and certifies all representations to be completed and correct to the best of their knowledge. Permission is hereby granted to verify credit information from trade and bank references and information provided and to make all other pertinent credit inquiries as deemed necessary to make a credit determination.

Signature: _____ **Date:** _____