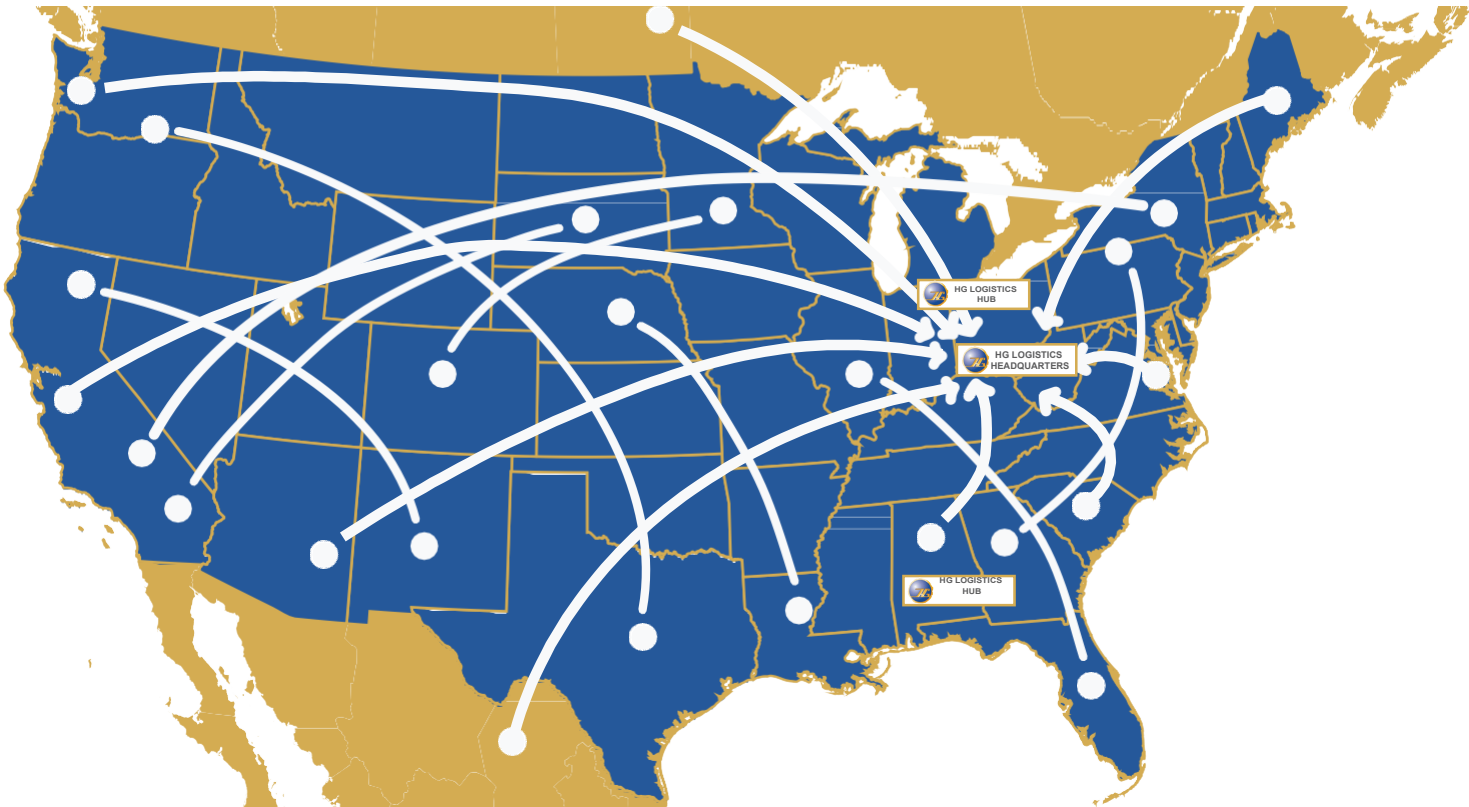




logistics, llc



WHAT WE OFFER

FTL LTL

- TL COVERAGE to all 48 states plus Canada and Mexico
- Vans/Flatbeds/Stepdecks/RGNs/Reefers/Team Service
- Hazardous/Straight Trucks/Blanket Wrapped/Oversized
- Mutli-Pick or Mutli-Drop/Air Ride/Specialized Equipment
- 24/7 Dispatch
- Single point of contact
- TIA Certified
- LTL COVERAGE to all 48 states plus Canada and Mexico
- Over 120 Years
- Expedited and Guaranteed Services
- Rail to All 48 states
- Intermodal/International
- Air

HG Logistics, LLC

Established – 2006

1085 Summer Street, Cincinnati, Ohio 45204
www.hillandgriffith.com • www.hglogisticsllc.com
513-244-3026 • 513-244-4199 (fax)

MC # 569982

US DOT # 2236963

FID #93-3737320

HAZMAT Reg. No: 101512 550 009UW

TIA Member in Good Standing since 2006

Smartway Partner

Recipient: 2-time Tropicana Central Region Carrier of the Year

Bank Reference

First Merchants Bank	Baily Sons
707 Ridge Road	Acct #101924386
Munster, IN 46321	219-864-1330

Insurance

USI Insurance Services, LLC (Cargo and General Liability)

Contact: Joey St. John 513-964-1046

joey.st.john@usi.com

\$100,000 Surety Bond, Merchants Bonding

Company Ohio Bureau of Worker's Compensation
Policy No. 1538758

Sister Company Information

The Hill and Griffith Company, est. 1896

MC # 180685

Ryan Canfield, President

Mike Lawry, CEO

Insurance: USI Insurance Services, LLC

Contact: Joey St. John 513-964-1046

HG Logistics Management Team

Mike Rieck, Director of Sales.....mrieck@hglogisticsllc.com, 513-244-3022

Duke Heller, Director of Operations.....dheller@hglogisticsllc.com, 513-244-4196

Nancy Sauers, Accounting Administrator nsauers@hglogisticsllc.com, 513-244-4195



CREDIT APPLICATION		
General Company Information:		
Company Name:		
Street Address:		
City:	State:	Zip Code:
Phone:	Email Address:	
Website:	Established:	
Please Check the Relevant Category:		
<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership <input type="checkbox"/> Proprietorship
Applicant's Information:		
Applicant's Name:		
Applicant's Position:		
Phone:	Email Address:	
Accounting Information:		
Contact Name:	Phone:	
Preferred Method to Receive Invoices:	<input type="checkbox"/> Email	<input type="checkbox"/> Mail
Email Address:		
Billing Address:		
City:	State:	Zip Code:
Bank Reference:		
Bank Name:		
Street Address:		
City:	State:	Zip Code:
Account Number:	Officer's Name:	
Phone:	Email Address:	
Credit References:		
Reference #1 Name:		
Company Name:		
Street Address:		
City:	State:	Zip Code:
Phone:	Email Address:	
Reference #2 Name:		
Company Name:		
Street Address:		
City:	State:	Zip Code:
Phone:	Email Address:	
Reference #3 Name:		
Company Name:		
Street Address:		
City:	State:	Zip Code:
Phone:	Email Address:	
Signature & Authorization:		
Signature:	Date:	
Title:		

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.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
HG 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.

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) ▶ **P**

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.
1085 Summer Street

6 City, state, and ZIP code
Cincinnati, Ohio 45204

7 List account number(s) here (optional)

Requester's name and address (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.

Social security number

			-				
--	--	--	---	--	--	--	--

OR

Employer identification number

9	3	-	3	7	3	7	3	2	0
---	---	---	---	---	---	---	---	---	---

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.

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 for Part II, later.

Sign Here Signature of U.S. person ▶ *Dan P. White, CFO* Date ▶ *1/31/2024*

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.



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

400 7th Street SW
Washington, DC 20590

SERVICE DATE

August 17, 2006

LICENSE

MC-569982-B
HG LOGISTICS LLC
CINCINNATI, OH

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.



Angeli Sebastian, Chief
Information Systems Division

BPO

Payment Method



HG Logistics LLC accepts payments by ACH, credit card, or check. Please specify how you will be submitting your payment. Fill out the required information if paying by credit card. Sign and email completed form to nsauers@hglogisticsllc.com.

- **BANK (ACH)**

Account Type: Checking

Name on Account: HG Logistics LLC Bank Name: First Merchants Bank

Routing Number: 074900657 Account Number: 101924386

Contact Name: Nancy Sauers Contact Phone #: 513-244-4195

Remittance Email: nsauers@hglogisticsllc.com

- **CREDIT CARD** 3 1/2% Processing Fee Will Be Applied

Card Type: Visa Mastercard American Express

Name on Account: _____

Card Number: _____

Expiration: ____ (mm/yy) CVV: Cardholder Zip Code: _____

Email Address to Send Receipt: _____

- **CHECK**

Mail to 1085 Summer Street, Cincinnati, OH 45204.

CUSTOMER'S SIGNATURE: _____ **DATE:** _____