

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 _____ (Broker) licensed by the FMCSA as a TRANSPORTATION BROKER, Docket No. MC _____ with its principal place of business at _____.

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:

BROKER:

By: _____
(Signature)

By: _____
(Signature)

Address:

Address:

NEW CARRIER DATA ENTRY

ALL DATA MUST BE COMPLETE, CORRECT AND LEGIBLE

ICC/MC NUMBER _____ FED ID _____

CARRIER STATUS: ACTIVE INACTIVE

COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER (_____) _____ EMAIL _____

FAX NUMBER (_____) _____

CONTACT PERSON _____

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

CANCELLATION DATE OF INSURANCE: ____/____/____

COMPLETED BY: _____

DATE: ____/____/____



Strato Pay Quick Pay Program

- Guaranteed funding within 24hrs of receiving all paperwork for the completed load
- Payment is sent directly to your bank account via same day ach

Payment Terms

Quick Pay

Standard Pay terms (25 days)

Company Name:
Company Address:
MC#:
Bank Name:
Bank Account Number:
Bank Routing Number:
Company Email Address:
Carrier's Signature:



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

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

SERVICE DATE
February 03, 2023

LICENSE

MC-1493683-B

U.S. DOT No. 3985661

INCREASE TRANSPORT LOGISTICS LLC

HOUSTON, TX

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, Division Chief
Office of Registration

BPO

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. INCREASE TRANSPORT 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 checked="" 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 type="checkbox"/> 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. <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. 3730 KIRBY DRIVE SUITE 1200	Requester's name and address (optional)
6 City, state, and ZIP code HOUSTON, TX 77098	
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	8	-	4	0	7	5	8	8	8

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 ▶	Date ▶ 03/08/2023
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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.

USDOT Number: 3985661 Date Received: 1/26/2023

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0015. Public reporting for this collection of information is estimated to be approximately 10 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

Una agencia federal no puede conducir o auspiciar, y una persona no está sujeta a responder ni será sujeta a penalidades por fallar en cumplir con una recolección de información sujeta a los requerimientos del Acto de Reducción de Papeleo, a menos que la recolección de información muestre un Número de Control OMB válido. El Número de Control OMB para esta recolección de información es 2126-0015. El reporte público para esta recolección de información es estimado en aproximadamente 10 minutos por respuesta, incluyendo el tiempo para revisar las instrucciones, obtener los datos necesarios y completar y revisar la recolección de información. Todas las respuestas a esta recolección de información son mandatorias. Enviar los comentarios respecto a esta carga estimada o cualquier otro aspecto de esta recolección de información, incluyendo sugerencias para reducir esta carga a: Oficial de Clarificación de Recolección de Información, Administración Federal del Autotransporte, MR-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.



BOC TERMS OF SERVICE: <https://www.evilsizor.co/boc-3-terms.html>

Designation of Agents for Service of Process / Designación de Agentes del Servicio de Proceso

FORM BOC-3

FULL AND CORRECT NAME OF CARRIER, BROKER, OR FREIGHT FORWARDER:
Nombre Completo y Correcto del Transportista, Agente, o el Destinatario del Flete:

INCREASE TRANSPORT LOGISTICS LLC

ADDRESS OF CARRIER, BROKER, OR FREIGHT FORWARDER:
Dirección del Transportista, Agente, o el Destinatario del Flete:

3730 KIRBY DR STE 1200	HOUSTON	TX	77098		
STREET ADDRESS	CITY	STATE/PROVINCE	ZIP CODE + 4	COLONIA (Mexico only)	FOREIGN COUNTRY
Dirección	Ciudad	Estado/Provincia	Código Postal + 4	Colonia (sólo México)	País Extranjero

PERSON AUTHORIZED TO SIGN FORM:
Persona Autorizada Para Firmar el Formulario:

PROCESS AGENT	PENNI ROYSTON
TITLE OF AUTHORIZED PERSON	NAME OF AUTHORIZED PERSON (please print)
<i>Título de la Persona Autorizada</i>	<i>Nombre de la Persona Autorizada (por favor imprima)</i>
	303-482-2965 WWW.EVILSIZOR.COM
SIGNATURE OF AUTHORIZED PERSON	TELEPHONE NUMBER
<i>Firma de la Persona Autorizada</i>	<i>Número Telefónico</i>

INSTRUCTIONS: Regulations governing the designation of persons upon whom process may be served are prescribed at 49 CFR 366, as amended. An agent must be designated for each state in or through which the carrier, broker, or freight forwarder operates; each person, association or corporation designated must reside in the state for which designated; a carrier, broker or freight forwarder may designate himself/herself for the state in which he/she resides; and state officials may be designated only if such official's agreement to so act is furnished with this designation. Note: a post office box is NOT ACCEPTABLE as an agent's address. FILE THE ORIGINAL signed copy with the FMCSA, 1200 New Jersey Ave., S.E. (W63-105) Washington, DC 20590. One signed copy should be filed with each state in or through which the operation is conducted; and one copy should be retained by the carrier, broker, or freight forwarder. CHANGES in designation may be made only by filing with the FMCSA, a new form BOC-3. Copies of new designations need to be sent only to those states affected by the change or new filing. Either INDIVIDUAL or BLANKET designations may be made.

INSTRUCCIONES: Las regulaciones gobernantes para la designación de personas a quienes el proceso puede ser servido son prescritas en el 49 CFR 366, como se a enmendado. Un agente tiene que ser designado a través de cada estado que el autotransportista, agente o el destinatario del flete que opera; cada persona, asociación o corporación designada debe vivir en el estado que se le a designado. Un autotransportista, agente o el destinatario del flete, puede designarse así mismo por el estado en cual vive; y los oficiales del estado pueden ser designados solamente de acuerdo oficial en el que se facilita de acuerdo al acto de esta designación. Nota: un apartado postal NO ES ACEPTABLE como la dirección de un agente. ARCHIVE LA COPIA ORIGINAL firmada con el FMCSA, 1200 New Jersey Ave. (W63-105) Washington, D.C. 20590. Una copia firmada tiene que ser archivada por cada estado a través de cada operación conducida; y una copia tiene que guardarla el auto transportista, agente o el destinatario del flete. LOS CAMBIOS de cada designación pueden hacerse solamente reportándose con el FMCSA, y una nueva forma BOC-3. Las copias de las nuevas designaciones necesitan ser mandadas solamente a los estados afectados o el nuevo reporte que se ha hecho. Cualquiera de las dos designaciones pueden hacerse ya sea INDIVIDUAL O AMPLIADA.