

Dear Valued Carrier:

Below you will find a list of documents we need in order to approve you as a carrier to haul Van Groningen and Sons produce.

- 1) Carrier Profile (Page 2)
- 2) Signed Contract
- 3) Copy of Signed W9 Form
- 4) Copy of Your Operating Authority
- 5) Insurance Certificate (\$750,000 Auto Liability + \$100,000 Cargo Insurance)

 Make Certificate to:

Van Groningen & Sons, Inc

Manteca, CA 95336

15100 S Jack Tone Road

NOTE: We must have copies of the above documents in order to pay for any services provided.

EMAIL: VeronicaR@vgandsons.com

<u>FAX:</u> <u>1 - 888 - 611 - 0032</u>

When a load is completed please mail original to: Van Groningen & Sons, Inc 15100 South Jack Tone Road Manteca, CA 95336

- Invoice
- BOL/POD
- Lumper Receipt
- Van Groningen rate conf.



OPERATING INFORMATION

ICC/MC NUMBER	
US DOT #	
CA#	
SCAC CODE	
FEDERAL TAX ID	

COMPANY INFORMATION

CARRIER NAME	
PHYSICAL ADDRESS	
MAILING ADDRESS	
CITY	
STATE	
ZIP	
CONTACT NAME	
PHONE NUMBER	
AFTER HOURS	
CELL PHONE	
FAX	
EMAIL ADDRESS	



SHIPPER/CARRIER AGREEMENT

This Agreement shall govern the service	
pursuant to Docket No. MC(hereinafter referred to as "Shipper").	_ (hereinafter referred to as "Carrier") and VAN GRONINGEN & SONS, INC.
Carrier agrees to transport a series of herewith or subsequently incorporated	nterstate shipments for Shipper pursuant to carrier load confirmation sheet(s) included y reference.
load confirmation sheet or other signed considered "confirmed" and shall be bin are not considered binding. Any accessor confirmation or email/text will not be confirmation.	endered in an amount equal to the rates and accessorial charges agreed to on Shipper's writing. All rates are to be negotiated in writing via email/text or fax such rates will be ling, upon CARRIERS invoice to SHIPPER. Any rates that are not agreed upon in writing ial including but not limited to detention that is not agreed upon in writing via rate insidered binding. Carrier must submit proof of delivery with invoices to Shipper. From receipt. Missing Lumper Receipts- There is a 30 Grace period from the date of I no longer be valid.
3. You must report all paid lumpers with delivery sticker within 24 hours of delivery	n 24 hours of delivery to receive reimbursement. All Costco deliveries must report ry to eliminate issues.
4. Invoices with missing signatures/ miss	ng bill of lading's will be placed on hold, and released upon payment of customer.
of not less than \$200,000.00 per shipme \$750,000.00 as required by federal regu required by state law; (d) Carrier shall at satisfactory U.S. DOT safety ratings and	ets the following criteria: (a) Carrier shall maintain all risk cargo insurance in the amount ont; (b) Carrier shall maintain public liability insurance in the amount of not less than ation (BMC-91 on file); (c) Carrier shall maintain workers compensation insurance as tree to provide certificates of insurance upon request; (e) Carrier shall maintain authorized to provide the proposed services; and (f) Carrier shall be in the erning Rules. The following rules shall apply: (a) The terms of the standard truckload bill
Conditions (see http://www.transportat common carriers (49 C.F.R. §370); (c) Ca Destination market value for lost or dam	nall apply: (a) The terms of the standard truckload bill of lading and Carrier's Service onlaw.net/pdf/bill_of_lading_back.pdf (b) Standard claims rules otherwise applicable to go claims liability as set forth in the Carmack Amendment (49 U.S.C.14706); (d) aged cargo, no special or consequential damages unless by §14706); (d) Destination no special or consequential damages unless by special agreement; and (e) Claims will be
7. Release Rates. All shipments shall be truckload maximum, unless by special w	ubject to a maximum cargo liability of \$5.00 per pound, subject to a \$200,000 per itten agreement.
	s are to be named on the bill of lading as the "carrier of record." In no event will Carrier any other carrier without prior written approval from Shipper.
	mnify and hold Shipper harmless from any claims or loss caused solely by any act or nts in the performance of this Agreement or the services provided hereunder.
	ement and governing rules, together with any load confirmation, contain the entire only be modified by signed written agreement. General principles of federal
11. This Agreement shall be for the period terminate this Agreement upon fifteen (of one (1) year and shall be automatically renewed unless canceled. Either party may .5) days written notice.
CARRIER -	
SIGN -	SIGN -



PRINTED NAME - _____

TITLE -

TITLE -

PRINTED NAME - _____



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.					
	2 Business name/disregarded entity name, if different from above					
Print or type. Specific Instructions on page 3.			4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):			
	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trisingle-member LLC		Exempt payee code (if any)			
	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partne					
	Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not of LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LI another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LL is disregarded from the owner should check the appropriate box for the tax classification of its owner.		code (if any)			
eci	Other (see instructions) ▶		(Applies to accounts maintained outside the U.S.)			
Sp	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name a	and address (optional)			
See			N GRONINGEN & SONS, INC			
0)	6 City, state, and ZIP code		00 SOUTH JACK TONE ROAD NTECA, CA 95336			
	7 List account number(s) here (optional)					
Par	Taxpayer Identification Number (TIN)					
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to av	oid Social sec	curity number			
backı	up withholding. For individuals, this is generally your social security number (SSN). However, f					
	ent alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other es, it is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i>		- -			
TIN, I		or				
	If the account is in more than one name, see the instructions for line 1. Also see What Name	<u> </u>	loyer identification number			
	per To Give the Requester for guidelines on whose number to enter.					
			-			
Par	t II Certification					
	r penalties of perjury, I certify that:					
	e number shown on this form is my correct taxpayer identification number (or I am waiting for	a number to be iss	sued to me): and			
2. I ar Sei	m not subject to backup withholding because: (a) I am exempt from backup withholding, or (brvice (IRS) that I am subject to backup withholding as a result of a failure to report all interest longer subject to backup withholding; and	I have not been n	otified by the Internal Revenue			
3. I ar	n a U.S. citizen or other U.S. person (defined below); and					
4. The	e FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	g is correct.				
you ha	fication instructions. You must cross out item 2 above if you have been notified by the IRS that you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 sition or abandonment of secured property, cancellation of debt, contributions to an individual retiing than interest and dividends, you are not required to sign the certification, but you must provide you	does not apply. For ement arrangemen	or mortgage interest paid, t (IRA), and generally, payments			

General Instructions

Signature of

U.S. person ▶

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

Sign

Here

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)

Date ▶

- 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.