

BEXAR

TRANSPORTATION

P.O. Box 220, La Vernia, TX 78121 888-806-1113 phone / 830-779-4201 fax

CUSTOMER PACKET

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CONTACT INFORMATION

Bexar Transportation, LLC.
P.O. Box 220 - (Mailing)
115 Canfield Street - (Physical)
La Vernia, TX 78121

WATTS - 888-806-1113
LOCAL – 830-779-4200
FAX – 830-779-4201 or 830-779-4203

WEBSITE – www.bexartrans.com
EMAIL – dispatch@bexartrans.com

MC# 631150
SCAC - BEXG
EIN# 06-1831818

ACCOUNTING CONTACT – Michelle Allen
michelle@bexartrans.com

ACCOUNTING FAX - 830-779-4202

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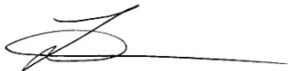
Thank you for considering Bexar Transportation, LLC.

Our Mission: To serve as liaison between customers in need of logistical assistance, and contract carriers with available equipment. Our goal is to merge these aspects of the supply chain in order to maximize customer transportation profitability while concurrently maintaining a mutually beneficial relationship with our contract carriers.

Logisticians at Bexar Transportation specialize in an unparalleled level of customer service, coupled with many years of industry experience encompassing all parts of the supply chain. Our team has extensive experience meeting the needs of full truckload shippers nationwide. We take pride in utilizing new and emerging technology in tandem with good old "hard work" in order to provide the most cost effective and practical logistical solutions for our customers needs.

For more information regarding our services or for customer testimonials please contact us at: dispatch@bexartrans.com

We look forward to the opportunity to do business with you.



Leonard Secret

President



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

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

SERVICE DATE
January 28, 2008

LICENSE
MC-631150-B
BEXAR TRANSPORTATION, LLC
SAN ANTONIO, 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 blue ink that reads "Kathy A. Weiner".

Kathy Weiner, Chief
Information Systems Division

BPO



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/10/13

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. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


PRODUCER Hancock & Associates, Inc. 8200 Kingston Pike Suite#21 Knoxville, TN 37919 Phone (800) 977-9885 Fax (800) 686-2170	CONTACT NAME: JOSH HANCOCK	
	PHONE (A/C, No, Ext): (800) 977-9885	FAX (A/C, No): (800) 686-2170
E-MAIL ADDRESS: service@hancockinsagency.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : CERTAIN UNDERWRITERS AT LLOYDS OF LONDON		
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F : PENNSYLVANIA MANUFACTURERS ASSOCIATION		

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY			TBD11922873	01/07/2013	01/07/2014	EACH OCCURRENCE	\$ 1,000,000.00	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000.00	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000.00	
	<input type="checkbox"/>						PERSONAL & ADV INJURY	\$ 1,000,000.00	
	<input type="checkbox"/>						GENERAL AGGREGATE	\$ 2,000,000.00	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$ 2,000,000.00
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC								\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
	<input type="checkbox"/>	<input type="checkbox"/>						\$	
	<input type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE	\$	
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$	
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N					E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	N / A				E.L. DISEASE - EA EMPLOYEE	\$	
							E.L. DISEASE - POLICY LIMIT	\$	
F	CONTINGENT CARGO			TBD11922874	01/07/2013	01/07/2014	250,000 LIMIT // 5,000 DED		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 2500 REEFER DED (IF APPLICABLE)

CERTIFICATE HOLDER	CANCELLATION
INSUREDS COPY	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 

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
	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 your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
or
Employer identification number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

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).

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 on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,



CREDIT APPLICATION

BUSINESS INFORMATION:
SECTION 1

* Legal Business Name:

* **Main Contact:** Title:
 * Phone : Fax :
 * Email:

* Street Address:
 * City, State & Zip

* **Collection Contact** Title:
 * Phone : Fax:
 * Email:

Add the **Collection Contact** information as a Customer Memo within the Customer Master File

BANK AND TRADE RELATIONSHIPS:
SECTION 2

Have you ever filed bankruptcy? (Yes or No)

If yes, explain: _____

* Primary Bank: Branch: Phone:
 * Bank Officer: Account #:
 * Other Bank/s: Branch: Phone:
 * Bank Officer: Account #:

TRADE REFERENCES

* Name: Title: Phone:
 * Name: Title: Phone:

In consideration for credit being extended, I or we acknowledge and agree to the following: (1) Payment is jointly, severally and unconditionally guaranteed within the contract terms; (2) any charges still outstanding after 90 days from date of delivery are subject to collection, and all collection or arbitration expenses, attorney's fees, and court costs will be borne by the purchaser; (3) title to all work shall remain with the creditor until all invoices and additional charges have been paid in full; (4) all claims, requests for adjustments, or notification of errors must be made within thirty days, or charges are considered accepted; (5) this agreement shall apply to all current and future charges unless revocation is received by registered mail; (6) credit privileges may be withdrawn at any time without invalidating the terms of this agreement.

CREDIT CANNOT BE EXTENDED UNTIL THIS FORM IS COMPLETED AND VERIFIED

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Authorized Signature Date Title



April 13, 2009

LEONARD SECREST
BEXAR TRANSPORTATION LLC
P.O. BOX 220
LA VERNIA, TX 78121

CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) RENEWAL

The Standard Carrier Alpha Code of **BEXG** has been renewed for:

BEXAR TRANSPORTATION LLC
P.O. BOX 220
LA VERNIA, TX 78121
MC-631150

This Alpha Code will apply only to the company name shown above through June 30, 2010. A renewal notice will be mailed approximately one month prior to expiration and must be returned promptly together with payment to ensure its continued validity. Should the company name or address change, please notify the National Motor Freight Association, Inc. at the address above.

Alpha Codes ending with the letter "U" have been reserved for the identification of freight containers. If your Alpha Code ends with the letter "U", it should be used only for this purpose. A non-U ending Alpha Code should be obtained to satisfy other requirements such as company identification for Customs, Electronic Data Interchange, freight payments, etc.

If you participate in the Bureau of Customs and Border Protection (BCBP) automated programs (ACE, AMS, CAFES, FAST, PAPS), your SCAC and related company information has been sent to BCBP electronically and is updated on a nightly basis. If you have encountered a problem using your SCAC with BCBP, or a copy this letter has been requested by BCBP, only then should you forward the requested information by email (preferred) as a PDF or TIF attachment, or fax to the following address:

CBP SCAC Processing
Bureau of Customs and Border Protection
7681 Boston Blvd., Beaugard 1st Fl Wing A
Springfield, VA 22153
AMS.SCAC@DHS.GOV
Fax 703.650.3650

NOTICE: Renewal of the above listed SCAC is unrelated to participation in the National Motor Freight Classification (NMFC). Further, it does not confer membership in the National Motor Freight Traffic Association, Inc. nor allow use of the NMFC in connection with freight rates. For participation and membership information, please call (703) 838-1810



Company Fuel Surcharge

CENTS FSC=(DOE NATIONAL AVG updated weekly - base of 1.20) / .05

ie: DOE AVG FUEL @ 2.50 – 1.20 = 1.30/.05 = 26 cents FSC

FSC calculations rounded down to the nearest full cent.

Any customer FSC agreements will supersede the Bexar FSC.

Thank you for choosing Bexar Transportation.