



LOGISTICS. SIMPLIFIED.

in



WWW.ALLYLOGISTICS.COM



**AS A FULL-SERVICE BROKERAGE
SERVICING THE U.S. AND CANADA, WE
UTILIZE A UNIQUE MIX OF TECHNOLOGY
AND RELATIONSHIPS IN ORDER TO
PROVIDE OUR CUSTOMERS WITH MAXIMUM
VALUE, AND AN EXCEPTIONAL CUSTOMER
EXPERIENCE.**



WHY ALLY LOGISTICS?

Why are shippers continually choosing Ally Logistics, time and time again? We believe that it all starts with our people. By hiring the proper people and equipping them with the state-of-art tools, we are able to deliver a superior customer experience. With one of the highest retention rates in the logistics industry, you can rest assured that your point of contact will be ready to offer a solution when you need them the most.

OUR SERVICES

01 **TRUCK LOAD**

02 **TEMP CONTROLLED**

03 **LESS THAN TRUCKLOAD**

04 **FLATBED**

05 **EXPEDITED**

06 **INTERMODAL**



customer credit application

fax back to 888.854.2272

Company Name: _____

Business Address: _____

City, State, Zip: _____

Business Phone: _____ DUNS#: _____

Year company est'd: _____ Line of Credit Requested: _____

Type of freight (steel, produce, etc.): _____

Other shipment details: _____

Paperwork Requirements: _____ BOL _____ POD _____ REF# _____ Delivery Order

Preferred Invoice Delivery: _____ Email _____ Fax _____ Mail

Email/Fax/Address to Send to: _____

Special Billing Requirements: _____

AP Contact Name: _____ Phone: _____

Fax: _____ Email: _____

Transportation References

Reference 1: _____ Phone: _____ Fax: _____

Reference 2: _____ Phone: _____ Fax: _____

Reference 3: _____ Phone: _____ Fax: _____

Bank Name: _____ Phone: _____

Contact: _____ Acct#: _____

Our company agrees to credit terms of PAYMENT UPON OUR RECEIPT of invoice but no longer than 30 days after invoiced. We agrees to pay any collection costs incurred to collect account balance, including court costs, collection fees and attorney fees. The company agrees to allow Ally Logistics, LLC ("Ally") to run a credit background check and verify all information on this application with those listed and with any other source. We confirm that all information on this application is accurate. We as debtor do hereby authorize any attorney at law to appear in any court of record of the State of Ohio at any time payments under this agreement becomes due and to confess a judgment in favor of Ally against our company for the amount then appearing due under this agreement, together with costs of suit and to release all errors and waive all right of appeal. We also waive the issuing and service of process. We agree that all shipments we tender to Ally will be subject to Ally's Standard Terms and Conditions and to be bound by such Terms and Conditions which are listed at: <http://www.allylogistics.com/terms/>

By: _____

Date: _____

Printed
Name: _____

Title: _____



Remittance Options

P: 888.466.1024 | PO Box 14027, Cincinnati, OH 45250

Ally Logistics, is pleased to offer a variety of payment options. If you have any questions, please contact our Accounts Receivable department at 888.466.1024 or ar@allylogistics.com.

PAYMENT BY ELECTRONIC FUNDS

ACH (Automated Clearing House) and Wire payments

Remittance advice must be sent to ar@allylogistics.com.

Fifth Third Bank
38 Fountain Square Plaza
Cincinnati, OH 45263

Routing #042000314
Account #7027502371
Beneficiary: USL Capital
Swift Code: FTBCUS3XXX

PAYMENT BY CHECK

Payments by check can be mailed to:

USL Capital
c/o Ally Logistics
PO Box 14027
Cincinnati, OH 45250

PAYMENT BY CREDIT CARD

Ally Logistics accepts Visa, Mastercard and American Express
(a 3% fee is applied for Visa and Mastercard and a 3.5% fee for American Express)

If you'd like to pay via credit card, please email ar@allylogistics.com to request a credit card form. Or call 800.466.1024.



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

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

SERVICE DATE

August 23, 2016

LICENSE

MC-171678-B

U.S. DOT No. 2358570
ALLY LOGISTICS LLC
BYRON CENTER, MI

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, reading "Jeffrey L. Secrist".

Jeffrey L. Secrist, Chief
Information Technology Operations Division

BPO

CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)

05/14/19

PRODUCER Integro Insurance Brokers 161 North Clark Street, Suite 1850 Chicago, IL 60601 Contact: Kate Hartman Email: kate.hartman@integrogroup.com	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.										
INSURED Ally Logistics LLC 1090 36th Street SE, Suite 628 Grand Rapids, MI 49508	<table border="1" style="width: 100%;"> <tr> <th style="width: 50%;">COMPANIES AFFORDING COVERAGE</th><th style="width: 50%;">AM Best Rating</th></tr> <tr> <td>COMPANY A Seneca Insurance Company</td><td>A</td></tr> <tr> <td>COMPANY B Beazley Marine Insurance- Syndicate 2623/623</td><td></td></tr> <tr> <td>COMPANY C</td><td></td></tr> <tr> <td>COMPANY D</td><td></td></tr> </table>	COMPANIES AFFORDING COVERAGE	AM Best Rating	COMPANY A Seneca Insurance Company	A	COMPANY B Beazley Marine Insurance- Syndicate 2623/623		COMPANY C		COMPANY D	
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COMPANY B Beazley Marine Insurance- Syndicate 2623/623											
COMPANY C											
COMPANY D											

COVERAGES

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE -0b(MM/DD/YY)	POLICY EXPIRATION DATE -0b(MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	CMP4700731	05/21/19	05/21/20	GENERAL AGGREGATE	\$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG.	\$ 1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.				PERSONAL & ADV. INJURY	\$ 1,000,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$ 1,000,000
					DAMAGE TO RENTED PREMISES	\$ 100,000
					MED. EXPENSE (Any one person)	\$ 5,000
B	AUTOMOBILE LIABILITY	W3213418PNVE	11/20/18	11/20/19	COMBINED SINGLE LIMIT	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	<input checked="" type="checkbox"/> CONTINGENT					
	GARAGE LIABILITY				AUTO ONLY – EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	\$
					AGGREGATE	\$
A	EXCESS LIABILITY	CUP4700731	5/21/2019	5/21/2020	EACH OCCURRENCE	\$ 2,000,000
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$ 2,000,000
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					\$
	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				WC STATUTORY LIMITS	
					OTHER	
	EACH ACCIDENT					\$
	DISEASE-POLICY LIMIT					\$
	DISEASE-EACH EMPLOYEE					\$
B	OTHER	W3213418PNVE	11/20/18	11/20/19	OCCURRENCE	\$100,000
	CONTINGENT CARGO					
	ERRORS & OMISSIONS				AGGREGATE	\$100,000

DESCRIPTIONS OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

Ally Logistics LLC
 1090 36th Street SE, Suite 628
 Grand Rapids, MI 49508

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Kate Hartman

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. Ally 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 checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► C 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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions. 1090 36th St SE, Ste 628	Requester's name and address (optional)
	6 City, state, and ZIP code Grand Rapids, MI 49508	
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									
4	6		-	0	8	1	4	2	9
									3

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 ► 	Date ► 1/26/2018
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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.

FORM BMC-84 Revised 03/11/2014

OMB No.: 2126-0017 Expiration: 02/28/2017

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 2126-0017. 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-RRR, Washington, D.C. 20590



United States Department of Transportation
Federal Motor Carrier Safety Administration

Broker's or Freight Forwarder's Surety Bond under 49 U.S.C. 13906

FORM BMC-84

Bond No. 656346C

Filer FMCSA Account Number: 23040

License No. MC-171678

KNOW ALL MEN BY THESE PRESENTS, that we, Ally Logistics LLC of 1001 76th St. SW Suite A, Byron Center, MI 49315 as PRINCIPAL (hereinafter called Principal), and Developers Surety and Indemnity Company, a corporation, or a Risk Retention Group established under the Liability Risk Retention Act of 1986, Pub. L. 99-563, created and existing under the laws of the State of CA (hereinafter called Surety), are held and firmly bound unto the United States of America in the sum of \$75,000 for a broker or freight forwarder, for which payment, well and truly to be made, we bind ourselves and our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal is or intends to become a Broker or Freight Forwarder pursuant to the provisions of the Title 49 U.S.C. 13904, and the rules and regulations of the Federal Motor Carrier Safety Administration relating to insurance or other security for the protection of motor carriers and shippers, and has elected to file with the Federal Motor Carrier Safety Administration such a bond as will ensure financial responsibility and the supplying of transportation subject to the ICC Termination Act of 1995 in accordance with contracts, agreements, or arrangements therefore, and

WHEREAS, this bond is written to assure compliance by the Principal as either a licensed Broker or a licensed Freight Forwarder of Transportation by motor vehicle with 49 U.S.C 13906(b), and the rules and regulations of the Federal Motor Carrier Safety Administration, relating to insurance or other security for the protection of motor carriers or shippers, and shall inure to the benefit of any and all motor carriers or shippers to whom the Principal may be legally liable for any of the damages herein described.

NOW, THEREFORE, the condition of this obligation is such that if the Principal shall pay or cause to be paid to motor carriers or shippers by motor vehicle any sum or sums for which the Principal may be held legally liable by reason of the Principal's failure faithfully to perform, fulfill, and carry out all contracts, agreements, and arrangements made by the Principal while this bond is in effect for the supplying of transportation subject to the ICC Termination Act of 1995 under license issued to the Principal by the Federal Motor Carrier Safety Administration, then this obligation shall be void, otherwise to remain in full force and effect.

The liability of the Surety shall not be discharged by any payment or succession of payments hereunder, unless and until such payment or payments shall amount in the aggregate to the penalty of the bond, but in no event shall the Surety's obligation hereunder exceed the amount of said penalty. The Surety agrees to furnish written notice to the Federal Motor Carrier Safety Administration forthwith of all suits filed, judgments rendered, and payments made by said Surety under this bond.

This Bond is effective the 17th day of Aug 2016 12:01 a.m., standard time at the address of the Principal as stated herein and shall continue in force until terminated as herein provided. The Principal or the Surety may at any time cancel this bond by written notice to the Federal Motor Carrier Safety Administration at its office in Washington, DC, such cancellation to become effective thirty (30) days after actual receipt of said notice by the FMCSA on the prescribed FORM BMC-36, Notice of Cancellation Motor Carrier and Broker Surety Bond. The Surety shall not be liable hereunder for the payment of any damages herein before described which arise as the result of any contracts, agreements, undertakings, or arrangements made by the Principal for the supplying of transportation after the termination of this bond as herein provided, but such termination shall not affect the liability of the Surety hereunder for the payment of any such damages arising as the result of contracts, agreements, or arrangements made by the Principal for the supplying of transportation prior to the date such termination becomes effective.

The receipt of this filing by the FMCSA certifies that a Broker Surety Bond has been issued by the company identified above, and that such a company is qualified to make this filing under Section 387.315 of Title 49 of the Code of Federal Regulations.

Falsification of this document can result in criminal penalties prescribed under 18 U.S.C. 1001.

IN WITNESS WHEREOF, the said Principal and Surety have executed this Instrument on the 1st day of 8, 16

PRINCIPAL

Ally Logistics LLC
COMPANY NAME

1001 76th St. SW Suite A, Byron Center
STREET ADDRESS,

MI 49315. 888 466-1024
STATE, ZIP,

Daniel Manshaem, CEO
(type or print Principal officer's name and title)

[Signature]
(Principal officer's signature)

Jeffrey Chidester
(type or print Witness' name)

[Signature]
(Witness' signature)

SURETY

Developers Surety and Indemnity Company
COMPANY NAME

17771 Cowan Ste 100 Irvine
CITY STREET ADDRESS CITY

CA 92614 949-263-3300
STATE ZIP PHONE

Raylene Mendoza, Attorney-in-fact
(type or print Principal officer's name and title)

[Signature]
(Principal officer's signature)

Elyssa Duncan
(type or print Witness' name)

Elyssa Duncan
(Witness' signature)



April 19, 2018

DAN MANSHAEM
ALLY LOGISTICS LLC
1001 76TH ST SW SUITE A
BYRON CENTER, MI 49315

CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) RENEWAL

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

ALLY LOGISTICS LLC
1001 76TH ST SW SUITE A
BYRON CENTER, MI 49315
MC-171678
US DOT-2358570

This Alpha Code will apply only to the company name shown above through June 30, 2019. **Approximately two months prior to expiration of this SCAC, NMFTA will provide a renewal notice which must be promptly returned 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 below.

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 Customs & Border Protection (CBP) ACE program and you have any issue with ACE and your SCAC, please contact CBP at the following address:

Customs and Border Protection
Attention: SCAC Beauregard, Cube C-231-1
1801 N. Beauregard Street
Alexandria, VA 20598-1350
AMS.SCAC@DHS.GOV

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 inconNECTION with freight rates. For participation and membership information, please call (703) 838-1810