

CPS Express, Inc.

Please send a copy of your
resale or tax-exempt certificate.

SALES REP: _____

CREDIT APPLICATION

Please check box if references are attached (Signature required). ☐

Name of Business: (Billing Address)

COMPANY NAME		PHONE #	FAX #
STREET			
CITY	STATE	ZIP CODE	
D&B #:	FEDERAL TAX ID	STATE ID#	

Ship to Location:

COMPANY NAME		
STREET		
CITY	STATE	ZIP

Form of Business:

☐ CORPORATION ☐ PROPRIETORSHIP ☐ PARTNERSHIP ☐ LLC ☐ OTHER _____

CREDIT CARD PAYMENTS SUBJECT TO 6% SURCHARGE

Accounts Payable Contact: PAY BY: ☐ CASH ☐ CHECK ☐ CREDIT CARD ☐ ACH DIRECT ☐ WIRE TRANSFER ☐ OTHER _____

NAME	TITLE	PHONE	FAX	EMAIL
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Invoice Preference: ☐ BY EMAIL ☐ BY FAX ☐ BY MAIL

Bank Reference:

BANK NAME:	ADDRESS:	
BANK CONTACT:	CITY/STATE/ZIP:	
BANK ACCOUNT NO.:	FAX:	PHONE:

Trade References: (Minimum of 3 are requested)

VENDOR NAME	ADDRESS	PHONE NUMBER	FAX NUMBER

I hereby represent that I am authorized to submit this application on behalf of the customer named above, and that the information provided is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Coast Packaging Co./Coast Warehouse Co./CPS Express, Inc. to investigate the references listed pertaining to my credit and financial responsibility. It is agreed and understood that all necessary collection and legal expenses and interest (at 18% per year or state maximum) may be charged to debtor in the event of default or failure to pay goods sold and delivered. I/We further represent that the customer applying for credit has the financial ability and willingness to pay all invoices with established terms. I understand that your invoices are payable 30 days following the date of the invoice.

Customer Signature _____

Title _____

Date Signed _____

Personal Guaranty

Personal Guaranty Name _____
(Please print)

Address _____

City _____ State _____

Zip code _____ Phone _____

Social Security number _____

I hereby guarantee to Coast Packaging Co./Coast Warehouse Co./CPS Express, Inc. the payment of all sums owing on this account. Coast Packaging Co./Coast Warehouse Co./CPS Express, Inc. shall have the right to investigate my personal credit, employment and income records, and the right to verify my credit references in connection with this application. Coast Packaging Co./Coast Warehouse Co./CPS Express, Inc. shall also have the right to report the way I pay this account to the credit bureaus and parties whom may lawfully receive such information.

Personal
Guaranty Signature _____ Date _____

Witness 1 _____ Date _____

Witness 2 _____ Date _____

Corporate Offices: 3401 Etiwanda Ave. Bldg. 711 A, Mira Loma, CA 91752

Mailing Address: P.O. Box 248, Mira Loma, CA 91752

Phone: (951)685-1041 Fax: (951)685-3944 Web: www.haddycompanies.com

CPS Express, Inc.

Contact List

Dispatch

Dispatch@cpsexpress.com

Main Number	(951)685-1041 Option #1
	(888)999-2779 Dispatch Option #1
Fax	(951)685-3944

Craig Daniels (M-F 7-5pm)	Ext. 202
Cdaniels@cpsexpress.com	Cell (951) 712-2930

Noe Magana (M-F 7-5pm)	Ext. 204
Nmagana@cpsexpress.com	Cell (323) 590-7022

Mike Arvizu (Su-F 4pm-1am)	Ext. 203
marvizu@cpsexpress.com	Cell (951) 235-9060

Dispatch Backup

Kristin Remy (M-F 7-330pm)	Ext. 209
Kremy@cpsexpress.com	

After Hours & Weekends **(951)235-9941**

Other Contacts-

Director of Sales & Logistics

Tim Pollock	Ext. 304
Tpollock@cpsexpress.com	Cell (951)295-0745

Director of Safety & Compliance

Jay Sorg	Ext. 201
Jsorg@cpsexpress.com	cell (951) 903-4081

EDI Issues

Amber Allen	Ext. 108
aallen@cpsexpress.com	

CREDIT INFORMATION

Company Name: CPS Express
Address: 3401 Etiwanda Ave. Building 711A
P.O. Box 248
Mira Loma, CA 91752
Telephone: (951) 685-1041
Fax: (951) 685-8144
Type of Business: Transportation
Federal Tax ID: 95-3529379

Trade References:

Company name: Flyers Energy
Address: 2360 Lindberg St.
Auburn, CA 95602
(800) 899-2376

Company name: Adonis Transport.
Address: 1311 Schilling Place
Salinas, CA 93901
(831) 758-3001

Company name: Mobile Care Team
Address: P.O. Box 1654
Chino Hills, CA 91709
(909) 208-3155

Bank References:

Bank Name: Union Bank of California
Address: 3536 Concourses, Suite 300
Ontario, CA 91764
Telephone: (909) 244-1279
Fax: (909) 980-5195
Contact: Ashwin Israni
Account Number: 4100003797

INTERSTATE COMMERCE COMMISSION

CERTIFICATE

MC-186367

CPS EXPRESS
Mira Loma, CA

SERVICE DATE

JAN 6 1986

This Certificate is evidence of the carrier's authority to engage in transportation as a common carrier by motor vehicle.

This authority will be effective as long as the carrier maintains compliance with the requirements pertaining to insurance coverage for the protection of the public (49 CFR 1043); the designation of agents upon whom process may be served (49 CFR 1044); and tariffs or schedules (49 CFR 1300 through 1310, revised). The carrier shall also render reasonably continuous and adequate service to the public. Failure to meet these conditions will constitute sufficient grounds for the suspension, change, or revocation of this authority.

This authority is subject to any terms, conditions, and limitations as are now, or may later be, attached to this privilege.

For common carriers with irregular route authority: Any irregular route authority authorized in this Certificate may not be tacked or joined with your other irregular route authority unless joinder is specifically authorized.

The transportation service to be performed is described on the reverse side of this document.

By the Commission.

(SEAL)

JAMES H. BAYNE
Secretary

NOTE: If there are any discrepancies regarding this document, please notify the Commission within 30 days.



June 06, 2017

JAY SORG
CPS EXPRESS
PO BOX 248
MIRA LOMA, CA 91752-0248

CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) RENEWAL

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

CPS EXPRESS
PO BOX 248
MIRA LOMA, CA 91752-0248
MC-0186367
US DOT-264007

This Alpha Code will apply only to the company name shown above through June 30, 2018. **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 in connection with freight rates. For participation and membership information, please call (703) 838-1810

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) CPS Express, Inc.	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	<input type="checkbox"/> Exempt from backup withholding
Address (number, street, and apt. or suite no.) P. O. Box 248	Requester's name and address (optional)
City, state, and ZIP code Mira Loma, CA 91752	
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								
9	5	3	5	2	9	3	7	9

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. person (including a U.S. resident alien).

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 ▶

J. Worley

Date ▶

4/7/12

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.

U.S. person. 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.

In 3 above, 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.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

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,



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/2/2017

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 **SUBROGRATION 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 Willis Towers Watson 12980 Metcalf Ave Suite 500 Overland Park KS 66213		CONTACT NAME: Ontario PHONE (A/C, No Ext): (909) 284-7540 FAX (A/C, NO): (360) 828-0699 EMAIL ADDRESS: Traci.Alderson@bbsihq.com		
INSURED Barrett Business Services, Inc. L/C/F J.G. HADDY SALES CO DBA CPS EXPRESS INC. 3401 ETIWANDA AVE STE 1011A MIRA LOMA, CA 91752		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A:	ACE American Insurance Company	22667
		INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ-ECT <input type="checkbox"/> LOC						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> OCCUR DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	RWC C64392311 Covered states: CA	08/01/17	08/01/2018	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$2,000,000
							E.L. DISEASE - EA EMPLOYEE	\$2,000,000
							E.L. DISEASE - POLICY LIMIT	\$2,000,000

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

CERTIFICATE HOLDER	CANCELLATION
GENERAL INFORMATION 91752	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATA THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Authorized Rep <i>Brian Hester</i>

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/28/2017

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 Commercial Carriers Insurance Agency, Inc. 4 Centerpointe Drive, Suite 300 La Palma, CA 90623 (562) 404-4900	CONTACT NAME: Gina Stewart PHONE (A/C, No, Ext): (562) 733-6634 E-MAIL ADDRESS: Gina.Stewart@Meadowbrook.com FAX (A/C, No): (562) 685-0193
INSURED CPS Express, Inc. Po Box 248 Mira Loma, CA 91752	INSURER(S) AFFORDING COVERAGE INSURER A: Lexington Insurance Company INSURER B: Williamsburg National Insurance Co. INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$ 2,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 2,000,000
							GENERAL AGGREGATE \$ 3,000,000
B	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			GL0429910-06	07/01/2017	07/01/2018	PRODUCTS - COMP/OP AGG \$ INCLUDED
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
X	ANY AUTO						BODILY INJURY (Per person) \$
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
X	HIRED AUTOS			CA0636811-06	07/01/2017	07/01/2018	PROPERTY DAMAGE (Per accident) \$
	SCHEDULED AUTOS NON-OWNED AUTOS						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						\$
	RETENTION \$ 0						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Physical Damage			86426883-05	07/01/2017	07/01/2018	ACV less \$5,000 ded
A	Cargo-Legal Liability			86426883-05	07/01/2017	07/01/2018	\$250,000 less \$5,000 ded

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Trucking operations per vehicle schedule on file with insurance company. Trailer Interchange coverage Included under a written interchange agreement.

CERTIFICATE HOLDER

C/O Insured

CANCELLATION

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

Sue Scurti

California Environmental Protection Agency

Air Resources Board

Certificate of Reported Compliance Truck and Bus Regulation

Issued to:

CPS EXPRESS, INC

Motor Carrier: CA-0002924 USDOT-264007 IRP-CPS01

30 Vehicles Reported

This certificate confirms that the fleet owner has attested under penalty of perjury that the statements and information they provided to the Air Resources Board (ARB) are true, accurate, and complete regarding all relevant vehicles in the fleet required to show compliance. ARB hereby finds that the fleet listed above has reported compliance with title 13, California Code of Regulations, section 2025 of the Truck and Bus Regulation. If ARB subsequently finds that the statements and information that have been provided are not true, accurate, and complete, this certificate shall be effectively revoked and the fleet subject to noncompliance penalties.

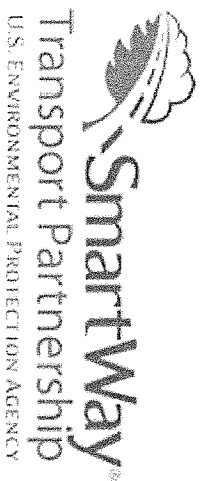
This certificate is valid until **December 31, 2017**

Truck and Bus Fleet Identification

31230


Jack Kilowski
Division Chief, Mobile Source Control Division
California Air Resources Board

To verify the authenticity of this certificate, visit
www.arb.ca.gov/msprog/condiesel/trblookup.php



The U.S. Environmental Protection Agency recognizes
CPS Express Inc.

As a Registered

SmartWay® Transport Partner

Partnership Date: 05/31/2007

SmartWay ID: 12079217

Expires: 04/07/2018

A handwritten signature in cursive script, appearing to read "Cheryl Bynum", written over a horizontal line.

Cheryl Bynum

Center Director, SmartWay Transport Partnership