



Transport Solutions

## Welcome to UTi Transport Solutions

### UTi Transport Solutions Quick Facts

- We have served the trucking industry since 1977.
- Many of this nation's largest carriers move hundreds of loads for UTi Transport Solutions every year.
- UTi Transport Solutions will provide over 200,000 loads this year to carriers throughout the USA, Canada, and Mexico.
- UTi Transport Solutions has an average of 5,000 loads per day available to carriers nationwide.
- Over 120 offices around the country with a combined force of over 300 transportation professionals all linked in *real-time* communication into our FreighTrak® computer system.
- UTi Transport Solutions can FAX accurate load availability, locations, and rates instantly.
- UTi Transport Solutions pays carriers 15 days after receipt of clear paperwork.
- Immediate pay or advances via comcheck for a small fee.
- Direct deposit available via C.A.R.D.
- Website account access to track payment activity.

### We Want Your Business

UTi Transport Solutions works hard to find new ways to better serve you. Please fill out the forms following, to the best of your ability. This will enable us to call, fax and e-mail you **only when our loads meet your specifications**. The information you provide to us, helps us help you. As a way of saying "thanks", an immediate pay coupon is included. The coupon entitles you to immediate pay "free of charge" for your next load.

Sincerely,

Carrier Services  
Phone: 800-267-8448  
Fax: 541-227-0961

After completing the following documents, please fax it to my attention at (541-227-0961)  
Thank you!

## CARRIER-BROKER AGREEMENT

THIS AGREEMENT is made this «DAYthst» day of «Month», «Year» by and between UTi Transport Solutions, an Oregon corporation, hereinafter referred to as “Broker”, MC #131044, and «Company» Motor Carrier hereinafter referred to as “Carrier”, MC #«Docket».

1. **OBLIGATIONS OF BROKER.** Broker agrees to tender commodity shipments to Carrier for transportation in interstate commerce by Carrier between points and places within the scope of Carrier’s operating authority as directed by the Broker. Broker shall offer to Carrier a minimum of five (5) shipments for each year this agreement remains in effect.  
Compensation – Broker agrees to pay Carrier within fifteen (15) days following Broker’s receipt of a bill of lading showing proof of delivery of each shipment to its assigned destination, free of damage or shortage. The amount to be paid by Broker to Carrier shall be established between Broker and Carrier on a per shipment basis prior to the commencement of each individual shipment.
2. **RATES AND CHARGES.** The basic transportation rate negotiated between the parties for freight all kinds, full truckload shipments, is \$1.00/mile, between all points in the United States. Additional rates or modifications of the above rates may be established or amended verbally on a per truckload basis in order to meet specific shipping schedules, as mutually agreed. Broker will immediately confirm rates and other pertinent load information to the carrier by facsimile machine. If Carrier doesn’t have a facsimile machine, a copy will be mailed to the carrier’s mailing address. In order to remain binding between parties and to meet the reduced-to-writing requirement, the Carrier’s freight bill to the broker, reflecting the agreed upon rate, will fulfill this requirement. The facsimile hard copy and the Carrier’s freight bill will become Addendum B and C to the contract.
3. **OBLIGATIONS OF CARRIER.** Carrier shall use its best effort to provide adequate transportation services to meet the needs of Broker and to deliver each shipment promptly and efficiently. Carrier agrees to furnish suitable trucks, tractors, and semi-trailers, at its own expense, to haul each shipment of commodities. Carrier agrees to assume all costs, expenses and liabilities incidental to the transportation of such commodities, including but not limited to, all costs, expenses, and liabilities incidental to or arising out of maintenance, repair or operation of the equipment, labor, fuel, supplies, insurance, and/or accidents. Carrier agrees at all times to save and hold Broker harmless from any and all such costs, expenses or liabilities. Carrier may not use equipment other than its own without first notifying Broker. In the event the Carrier is unable to supply transportation service within the time requested by the Broker, it shall so advise the Broker and may arrange to furnish said transportation at a later date; or the Broker, if it desires, may elect to avail itself of the services of another Carrier, legally qualified to serve said Broker or its customers.
4. **AGENCY REGULATION.** Carrier agrees to transport all commodities pursuant to this agreement in accordance with the rates, charges, rules, and regulations established by applicable federal or state agencies and all claims for loss or damage and any salvage arising therefrom shall be handled and processed in accordance with the regulations as published in the Code of Federal Regulations (49 C.F.R. 1005).
5. **BILL OF LADING.** Carrier shall issue and sign a standard bill of lading acceptable to the Broker and underlying shippers on acceptance of goods. Shipments made under this contract will be subject to all the terms and conditions of the uniform straight bill of lading. All such documents shall show the consignor and consignee, and the Carrier’s name shall be shown on the bill of lading as the carrier of record. The Broker’s name will not be shown on the bill of lading as carrier. If it does appear, it must reflect transportation broker only. The Carrier’s driver shall not only sign the bill of lading but also write the name of the carrier on the bill of lading.
6. **INDEMNITY.** Carrier agrees to defend against and hold harmless Broker/Shipper/Receiver from any and all loss or damage to each shipment transported by it pursuant to this Agreement. Carrier further agrees to defend and hold harmless Broker/Shipper/Receiver from any and all liability costs and damages to persons and/or property arising out of Carrier’s negligence, including, but not limited to, all road, fuel and other taxes, fees or permits related to the shipments transported by it as arranged by Broker/Shipper/Receiver.

7. **INSURANCE.** Carrier shall furnish to Broker in the form and manner satisfactory to Broker, a certificate of insurance setting forth that Carrier maintains primary public liability and property insurance coverage as required as well as cargo insurance which provides coverage of not less than \$50,000 and shall file a certificate of such insurance with Broker. Said insurance policies shall provide that they may not be cancelled without thirty (30) days written notice to Broker.
8. **INDEPENDENT CONTRACTOR STATUS.** Notwithstanding the provisions of the Agreement, nothing contained herein shall be construed to mean that Carrier is an agent or an employee of Broker, and Carrier declares that the services performed in this Agreement shall be offered by Carrier as an independent contractor status for filing with Broker's insurer in the form attached as Addendum A.
9. **TERM OF THE AGREEMENT.** This agreement is to become effective «Month» «DAYthst», «Year» and shall remain in effect for a period of one (1) year from such date and shall continue in effect from year to year unless and until terminated by either party upon not less than thirty (30) days prior written notice to the other, delivered personally or mailed to such party at the address set forth below.
10. **NO BACK SOLICITATION.** Carrier shall not solicit traffic from any shipper, consignor, consignee, or customer of Broker, including but not limited to all where (1) the availability of such traffic first became known to Carrier as a result of Broker's efforts, or (2) where the traffic of the shipper, consignor, consignee, or customer of the Broker was first tendered to the Carrier by the Broker. If Carrier breaches this Agreement and "back-solicits" the Broker's customers and obtains traffic from such customer or customers, then Carrier shall be obligated to pay Broker a commission equal to twelve percent (12%) of the gross transportation revenue received by Carrier from the movement of said traffic. Carrier's obligation to pay said obligation shall last for a period of twelve (12) months following the month in which Carrier first moved traffic for said customer not brokered by UTi Transport Solutions Carrier agrees that delivery of a copy of this Agreement shall constitute a valid assignment of the percentage of Carrier's gross payments received from customer as stated above. This Agreement shall serve as a directive authorizing customer to pay said commission directly to Broker.

Both parties agree to the terms and conditions outlined above.

CARRIER:     «Company»  
                  «Address»  
                  «City», «State» «PostalCode»

✓ **Signature:** \_\_\_\_\_

✓ **Title:** \_\_\_\_\_

BROKER: **UTi Transport Solutions**  
          PO Box 1147  
          Medford, OR 97501

By *Amanda Knapp*  
      Amanda Knapp  
      Manager, Business Administration

ADDENDUM A

DECLARATION OF INDEPENDENT CONTRACTOR STATUS

NAME & ADDRESS OF PERSON LETTING CONTRACT (BROKER):

UTi Transport Solutions  
PO Box 1147  
Medford, OR 97501

INSURER NAME & ADDRESS (If Applicable)

NAME & ADDRESS OF INDEPENDENT CONTRACTOR (CARRIER):

«Company»  
«Address»  
«City», «State» «PostalCode»

IF PARTNERSHIP, LIST ALL PARTNERS

Time or Project(s) covered by the Declaration:

Carrier hereby declares that all services performed under the contract dated «Month» «DAYthst», «Year» be rendered by the independent contractor in his or her status as an independent contractor and without the assistance of others.

Carrier shall give Broker seven (7) days advance written notice before obtaining the assistance of any other person in performance of this agreement. Failure to give the notice required by this declaration or to obtain worker's compensation coverage as required by Broker shall constitute grounds for termination of the contract by the Broker.

Carrier agrees to indemnify the person letting the contract for any damages, expenses, costs, and disbursements including attorney fees incurred by said person as a result of Carrier's failure to adhere to the terms of this declaration.

Carrier understands that a person who files a declaration of status as an independent contractor is not eligible to receive worker's compensation benefits (Under ORS Chapter 656) in the event of injury or disease, unless Carrier has personally obtained coverage for such benefits at its own expense.

Dated this «DAYthst» day of «Month», «Year».

✓ Signature: \_\_\_\_\_

✓ Title: \_\_\_\_\_

Broker Signature



Amanda Knapp  
Manager, Business Administration

CONTACT AND MAILING INFORMATION

LEGAL INFORMATION

Legal Name \_\_\_\_\_ MC Docket # or DOT# \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Physical Address: (if different than above) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Head of Company \_\_\_\_\_

Name (Corporate officer or Manager)

Signature

Title

Date

Do you submit ORIGINAL paperwork with your invoice?  Yes or  No

Are you an owner operator?  Yes or  No SCAC code \_\_\_\_\_

Insurance agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Dispatcher Names: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

ADVANCES (COMCHECKS)

Advances up to 40% can be taken after pick-up is verified. A 2% FEE (based on gross pay) is charged for this option. Please specify below whether or not advances will be allowed for your company.

Please mark ONE box only!

Always Allowed  No Advances Allowed  Call (who?) \_\_\_\_\_ To Authorize

PAYMENT OPTIONS

**NORMAL PAY** via **REGULAR USPS MAIL**. Please mail my check within 15 days of receipt of my invoice & all original clear paperwork (mail invoice and paperwork to PO Box 1147 Medford, OR 97501 or 3525 Excel Dr Medford, OR 97504).

OR

**IMMEDIATE PAY (check mailing options below)**. Please deduct 2% from my gross pay and mail my check within 24 hours of receipt of my invoice & all original clear paperwork (mail invoice and paperwork to PO Box 4490 Medford, OR 97501 or 3525 Excel Dr Medford, OR 97504).

**Regular Mail**

**Priority Mail** (Estimated, not guaranteed time of delivery is 3-5 days per USPS. Cost \$4.95)\*

**FedEx** (Guaranteed next day deliver per FedEx. Cost \$20.75 for deliveries within the U.S.A. Additional costs may incur for deliveries within Canada)\*

\*Prices are subject to change

**PROFILE INFORMATION**

It will help us serve you if you would kindly take the time to fill out all the information requested. We would be interested in any comments you wish to make and any explanations about your operation. Please enter the number of units you have in each space provided.

**EQUIPMENT - CLOSED**

Number of power units \_\_\_\_\_ Air Ride Yes \_\_\_ No \_\_\_  
48' vans \_\_\_\_\_ 50' vans \_\_\_\_\_ 53' \_\_\_\_\_ Are they 102" wide Yes \_\_\_ No \_\_\_  
heated \_\_\_\_\_ insulated \_\_\_\_\_ vented \_\_\_\_\_ maximum scaleable \_\_\_\_\_ lbs  
curtain van \_\_\_\_\_ tautliners \_\_\_\_\_ roller vans \_\_\_\_\_ electronic vans \_\_\_\_\_ logistic vans \_\_\_\_\_  
open top vans \_\_\_\_\_ single drop vans \_\_\_\_\_ double drop vans \_\_\_\_\_ garment vans \_\_\_\_\_

**REEFER**

Air Ride Yes \_\_\_ No \_\_\_  
48'reefer \_\_\_\_\_ 50'reefer \_\_\_\_\_ 53'reefer \_\_\_\_\_ Space Savers Yes \_\_\_ No \_\_\_  
Are they 102" wide? \_\_\_ Yes \_\_\_ No Maximum scaleable \_\_\_\_\_ lbs  
Other type of equipment \_\_\_\_\_

**EQUIPMENT OPEN**

Air Ride Yes \_\_\_ No \_\_\_  
40' flats \_\_\_\_\_ 42' flats \_\_\_\_\_ 45' flats \_\_\_\_\_ 48' flats \_\_\_\_\_ 50' flats \_\_\_\_\_ 53' flats \_\_\_\_\_  
flats convertible to hoppers \_\_\_\_\_ covered wagons (solid sides) \_\_\_\_\_ freeloaders \_\_\_\_\_ self tarping \_\_\_\_\_  
Do you have tarps: Yes \_\_\_\_\_ No \_\_\_\_\_ Please circle size: top steel 4' drop 6' drop 8' drop  
Can you scale 48,000 lbs or over? Yes \_\_\_\_\_ No \_\_\_\_\_ maximum scaleable \_\_\_\_\_ lbs

**EQUIPMENT-SPECIALIZED**

Air Ride Yes \_\_\_ No \_\_\_  
single drops 45' \_\_\_\_\_ 48' \_\_\_\_\_ 50' \_\_\_\_\_ 53' \_\_\_\_\_  
single drops extendible \_\_\_\_\_ maximum extension \_\_\_\_\_ extendible flat \_\_\_\_\_  
maximum extension \_\_\_\_\_ double drops \_\_\_\_\_ largest well size \_\_\_\_\_  
extendible double drops \_\_\_\_\_ maximum well size \_\_\_\_\_ pole trailers \_\_\_\_\_  
RGN's \_\_\_\_\_ low boys \_\_\_\_\_ 3axle flats \_\_\_\_\_ 3 axle double drops \_\_\_\_\_  
end dumps \_\_\_\_\_ pneumatics \_\_\_\_\_ tankers chemical \_\_\_\_\_ tankers food \_\_\_\_\_

**EQUIPMENT HEAVY HAUL**

axle \_\_\_\_ 7 axle \_\_\_\_ 9 axle \_\_\_\_ 11 axle \_\_\_\_ 13 axle \_\_\_\_ over 13 axle \_\_\_\_

maximum number of axles \_\_\_\_\_ maximum weight you can handle? \_\_\_\_\_

Are you willing to handle extremely wide loads? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you willing to handle extremely long loads? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you allow your trailers to go into OLD Mexico? YES \_\_\_\_\_ NO \_\_\_\_\_

Can you fax us a nightly list of your equipment locations? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have satellite tracking of your units? YES \_\_\_\_\_ NO \_\_\_\_\_

Are your drivers equipped with cell phones? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you handle hazardous materials? YES \_\_\_\_\_ NO \_\_\_\_\_

What class of hazardous 1 2 3 4 5 6 7 8 9

Can you transport? alcohol \_\_\_\_\_, cigarettes \_\_\_\_\_, electronics \_\_\_\_\_, explosives \_\_\_\_\_ garments \_\_\_\_\_

Special Services you provide: \_\_\_\_\_

**GEOGRAPHIC AREAS YOU SERVE**

Please explain what areas of the country you serve. We know you will go anywhere for a price, but, what areas do you serve most of the time. (80%) Circle the states or check the regions you deliver in on a regular basis.

- |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ME                       | NY                       | MD                       | WI                       | TN                       | MN                       | KS                       | MT                       | WA                       | CA                       |
| NH                       | MA                       | VA                       | IL                       | MS                       | ND                       | OK                       | WY                       | OR                       | NV                       |
| VT                       | RI                       | NC                       | MI                       | AL                       | SD                       | AR                       | CO                       | ID                       | AZ                       |
|                          | CT                       | SC                       | IN                       |                          | NE                       | TX                       | NM                       |                          |                          |
|                          | PA                       | GA                       | OH                       |                          |                          | LA                       | UT                       |                          |                          |
|                          | NJ                       | FL                       | KY                       |                          |                          |                          |                          |                          |                          |
|                          | DE                       |                          | WV                       |                          |                          | CANADA                   |                          |                          |                          |
|                          |                          |                          | IA                       |                          |                          | AB                       | NS                       |                          |                          |
|                          |                          |                          | MO                       |                          |                          | BC                       | PE                       |                          |                          |
|                          |                          |                          |                          |                          |                          | MB                       | ON                       |                          |                          |
|                          |                          |                          |                          |                          |                          | NB                       | PQ                       |                          |                          |
|                          |                          |                          |                          |                          |                          | NF                       | SK                       |                          |                          |
|                          |                          |                          |                          |                          |                          | LB                       | YK                       |                          |                          |
|                          |                          |                          |                          |                          |                          | NT                       | QC                       |                          |                          |



**Free Immediate Pay on Next Load Hauled for UTi Transport Solutions!!!**



**Clip this coupon** and send it in along with the paperwork on the next load you haul for UTi Transport Solutions

Carrier# \_\_\_\_\_

We will then give you immediate pay on that load.

For official use only.

Carrier # \_\_\_\_\_

**Please direct your original paperwork and invoices to:**

**For Regular Pay (15 days) No Fee**

UTi Transport Solutions  
PO Box 1147  
Medford, OR 97501

**For Quick/Immediate Pay (the day we receive paperwork) Fee of 2% of the gross of load**

UTi Transport Solutions  
PO Box 4490  
Medford, OR 97501

**For FedEx, DHL, etc. Our Physical Address**

UTi Transport Solutions  
3525 Excel Drive  
Medford, OR 97504

## 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:  Individual/Sole proprietor  Corporation  Partnership  
 Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ -----  
 Other (see instructions) ▶

Exempt payee

Address (number, street, and apt. or suite no.)

Requestor's name and address (optional)

City, state, and ZIP code

UTI Transport Solutions  
 P O Box 726  
 Medford, OR 97501

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:

- 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).

**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 ▶

### 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,

**If you are interested in the Direct Deposit or CARD program, please call Niki @ (877) 214-0587 ext 21913 before completing this form below.**



**Customer Automated Revenue Delivery (C.A.R.D.) Program**

- The following table details the program fee schedule. Fees are assessed at the time a transaction is processed. No Fees will be charged until you initiate a direct deposit into your bank or issue a Comcheck draft. Your emailed/faxed check stub will not reflect any C.A.R.D. Program fees since they occur after the transaction is processed.

<u>Transaction Type</u>	<u>Fee</u>	<u>Transaction Type</u>	<u>Fee</u>
Automatic/Manual Direct Deposit	\$3.00	Comcheck Draft Fee	\$3.00

- Payment Methods: (please mark one of the following boxes)
  - All C.A.R.D. Program funds are to be directly deposited into business bank account. (Attach voided check.)
  - All funds are to be cued to the UTi Transport Solutions C.A.R.D. Program account and accessible via the Comdata Voice Response Unit (VRU). Through the VRU the C.A.R.D. Program PIN holder can initiate direct deposits into business bank account and/or register Comcheck drafts. (Attach voided check).
- UTi Transport Solutions reserves the right to subtract funds electronically to correct overpayments or for any money due the company.
- Calls to the Comdata VRU (800-226-3931) are free except for calls originating from a pay phone. An FCC surcharge of \$.26 is debited from the C.A.R.D. Program account balance for these pay phone calls.
- The use of this C.A.R.D. Program account constitutes agreement to these terms.
- Two to Three weeks set up for approval

LEGAL (dba) NAME: \_\_\_\_\_

FEDERAL TAX ID# \_\_\_\_\_ MC# \_\_\_\_\_

**Attach a voided check bearing the same Legal (dba) Name listed above.**

Manager/Owner: \_\_\_\_\_

Print \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Email or Fax \_\_\_\_\_