

Carrier Profile

Carrier Name: _____

Carrier D/B/A: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Dispatch Contact(s): _____

Phone: _____ Fax: _____

After Hours/Emergency Cell: _____

Dispatch Email: _____

Tax ID#: _____ MC#: _____

Billing Information

Billing Contact (POD Requests): _____

Billing Phone: _____ Email: _____

Billing Address: _____

Factoring Company: _____

Factoring Contact: _____ Phone: _____

**Please include current W-9 and Insurance with Jones Brothers
Trucking listed as a Certificate Holder**

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.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>	
	<p>2 Business name/disregarded entity name, if different from above</p>	
	<p>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.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ 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) ▶ _____ </p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p>	<p>Requester's name and address (optional)</p>
	<p>6 City, state, and ZIP code</p>	
	<p>7 List account number(s) here (optional)</p>	

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					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
or					
Employer identification number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 90%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
	-				

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 ▶
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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-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.

Transportation Agreement

This agreement is made and entered into on this ____ day of _____, 20____, between Jones Brothers Trucking, P.O. Box 4414, Missoula, MT 59806, MC# 159075 (hereinafter referred to as Broker) and _____, located at _____ a contract carrier (hereinafter referred to as Carrier) MC# _____

Whereas, Broker desires to have Carrier furnish certain contract motor carrier services.

Now, therefore, in consideration of the mutual and dependent promises contained herein, Broker and Carrier agree as follows:

- A. Carrier agrees to provide a motor carrier transportation service for the transportation of commodities within the scope of its operating permit. Broker shall tender for transportation and Carrier shall transport subject to availability of Carriers equipment.
- B. Both the Broker and Carrier agree that any shipments tendered to Carrier under the terms of this Agreement shall be subject to rates provided in the form of a Load Confirmation.
- C. This Agreement shall be governed by and construed in accordance with the laws of the state of Montana.
- D. Carrier shall be liable for the actual loss, damage, or injury to the commodities. The measurement of loss, damage or injury shall be the lesser of the actual replacement cost or the reasonable cost of repairing damaged goods when determined loss or damage is the responsibility of the carrier. The reasonable cost shall be the labor, materials, and a reasonable amount for overhead. The carrier's liability shall be the difference between the value of the property at the time and place of delivery in an uninjured condition and its value in the depreciated condition in which it was delivered subject to a maximum amount not exceeding \$100,000 per shipment. The carrier shall have the first right of salvage of any damaged goods. All claims for recovery by Broker as provided herein and as to each shipment must be filed with Carrier within 90 days of delivery or tender of delivery of that shipment. Payment by Carrier to Broker pursuant to the provisions of this paragraph, there being no remaining issue of liability, shall be made within 60 days following receipt by Carrier of Broker's invoice.
- E. Any action at law by Carrier to recover undercharges of Broker to recover overcharges alleged to be due hereunder shall be commenced not more than 6 months after the date of shipment with respect to which such undercharges are claimed. To the extent permitted by law, the expiration of the said 6 month period shall be a complete and absolute defense to any such action, without regard to any mitigations or extenuating circumstance or excuse whatsoever. The provision of the clause shall survive the termination, expiration, or cancellation of this agreement.
- F. Each party hereto shall indemnify and hold harmless the other party hereto from and against all loss, damage, fines, expense, actions, claims for injury to persons (including injury

resulting in death), and damage to property caused by negligent acts or omissions of such party, its agents or employees.

- G. Neither Carrier nor Broker shall be liable to the other party for default in the performance or discharge of any duty or obligation under the Agreement where caused by Act of God, the public enemy, war conditions, governmental interference, regulations or actions, embargoes, fires, floods, labor disorders, closing of public highway, or without construing the foregoing as words of limitation, or any other cause beyond Carrier's or Broker's control.
- H. Except as otherwise provided in writing prior to the time of dispatch shipments will be transported by the Carrier must be loaded by the shipper and unloaded by the consignee from or on the Carrier's vehicle(s) unless otherwise noted in Load Confirmation.
- I. As full compensation for the service provided by Carrier pursuant to the terms and conditions of the Agreement, Broker shall pay Carrier in accordance with the rates and charges provided in this Agreement. Rates may be established verbally in order to meet specific shipping schedules as mutually agreed, but such oral contract shall be reduced to writing, signed by both parties and appended to this Agreement in the form of a Load Confirmation in order to remain binding between such parties. All freight bills are due and payable within 30 calendar days of the receipt of Carriers freight bill, and original, signed bill of lading associated with the load.
- J. There shall be no assignment or transfer, in whole or in part, of any right, duty, responsibility or obligation contained in the Agreement, including the right to receive payments, unless such assignments or transfers is agreed to by both parties in writing.
- K. Carrier must afford Broker a certificate of insurance on request naming Broker as additional insured in minimum amounts of \$100,000.00 cargo and \$1,000,000.00 auto liability.

This Agreement constitutes the entire agreement and understanding between the parties and shall not be modified, altered, or changed in any respect unless in writing and signed by both parties. This agreement cancels all prior agreements between the two parties and shall remain in full force and effect for a period of 12 months from its effective date and from year to year thereafter, provided however, that either party may terminate this contract upon not less than 30 days prior written notice to the other party.

Jones Brothers Trucking Inc.
P.O Box 4414
Missoula, MT 59806
406-721-4629
406-728-5997 fax

Carrier _____
Address _____
City, St, Zip _____
Phone _____
Fax _____

Signed _____

Title _____

**Workers Compensation
Hold Harmless Letter**

_____ AGREES TO HOLD HARMLESS AND
INDEMNIFY JONES BROTHERS TRUCKING, INC. AND ANY OF ITS AFFILIATES
AGAINST ANY AWARD BY A WORKERS COMPENSATION COURT, SIMILAR
ADMINISTRATIVE BODY, OR COURT OF LAW.

Company

Signature of Officer

Date