



ASCENSION & ASSOCIATES LLC

Shipper Setup Packet

Freight Brokerage • Transportation Coordination

Subject: Shipper Setup Packet

Dear Transportation Manager,

Thank you for the opportunity to introduce **Ascension & Associates LLC**. Enclosed you will find our shipper setup packet containing the documents required for vendor onboarding and review, including our broker authority, surety bond information, W-9, and credit application. Our company is committed to dependable service, clear communication, and efficient coordination to help ensure freight moves smoothly from pickup to delivery. We appreciate your time and look forward to the opportunity to support your transportation needs.

Sincerely,

Ronnie Wright
Managing Member

Address	3726 Glenwood Dr., Charlotte, NC 28208
Phone	980-535-5853
Email	ronnie@ascensionandassociatesllc.com
Website	ascensionandassociatesllc.com



Company Introduction

Ascension and Associates LLC is a freight brokerage focused on reliable service, clear communication, and efficient logistics support. We work to help move freight with professionalism and dependable coordination.

Website: ascensionandassociatesllc.com

Included Documents

1	Broker Authority
2	Surety Bond (BMC-84)
3	BOC-3 Filing
4	W-9
5	Shipper Credit Application
6	Credit Profile Supplement
7	Sample Rate Confirmation



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

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

SERVICE DATE

March 06, 2026

LICENSE

MC-1798115-B

U.S. DOT No. 4532332
ASCENSION & ASSOCIATES LLC
CHARLOTTE, NC

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, appearing to read "Jeffrey L. Secrist".

Jeffrey L. Secrist, Division Chief
Office of Registration

BPO



02/19/2026

ASCENSION & ASSOCIATES LLC
MC1798115
3726 GLENWOOD DR
CHARLOTTE, NC 28208

R.E: Freight Broker Bond #JT028341

To Whom It May Concern:

The purpose of this letter is to provide you with the details for the current and active \$75,000.00 BMC-84 Freight Broker Surety Bond for ASCENSION & ASSOCIATES LLC with the FMCSA:

Bond Number:	JT028341
Bond Effective Date:	02/19/2026
Bond Expiration Date:	02/19/2027
Surety Carrier:	Jet Insurance Company

FMCSA Bonds are filed electronically by our company and done so automatically. Filing can be verified online by visiting:

https://li-public.fmcsa.dot.gov/LIVIEW/pkg_carrquery.prc_carrlist

Should you have any questions, please do not hesitate to contact our office by emailing freight@jetsurety.com or calling (855) 470-3773.

Thank you,

Signature

Dakota Rhea
Head of Freight Surety
freight@jetsurety.com

USDOT Number: 4532332 Date Received: 02/20/2026

Please note, the expiration date as stated on this form relates to the process for renewing the Information Collection Request for this form with the Office of Management and Budget. This requirement to collect information as requested on this form does not expire. For questions, please contact the Office of Registration and Safety Information, Registration, Licensing, and Insurance Division.

Tenga en cuenta que la fecha de caducidad indicada en este formulario se refiere al proceso de renovación de la solicitud de recoger de información para este formulario con la Oficina de Gestión y Presupuesto. Este requisito para recopilar información como se solicita en este formulario no expira. Para preguntas, por favor comuníquese con la Oficina de Información de Registro y Seguridad, Registro, Licencias y División de Seguros.

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 2126-0015. 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-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

Una agencia federal no puede conducir ó auspiciar, y una persona no está sujeta a responder ni será sujeta a penalidades por fallar en cumplir con una recolección de información sujeta a los requerimientos del Acto de Reducción de Papeleo, a menos que la recolección de información muestre un Número de Control OMB válido. El Número de Control OMB para esta recolección de información es 2126-0015. El reporte público para esta recolección de información es estimado en aproximadamente 10 minutos por respuesta, incluyendo el tiempo para revisar las instrucciones, obtener los datos necesarios y completar y revisar la recolección de información. Todas las respuestas a esta recolección de información son mandatorias. Enviar los comentarios respecto a esta carga estimada ó cualquier otro aspecto de esta recolección de información, incluyendo sugerencias para reducir esta carga a: Oficial de Clarificación de Recolección de Información, Administración Federal de Seguridad del Autotransporte, MR-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.



United States Department of Transportation
Federal Motor Carrier Safety Administration

Designation of Agents for Service of Process

Designación de Agentes del Servicio de Proceso

FORM BOC-3

FULL AND CORRECT LEGAL BUSINESS NAME OF CARRIER, BROKER, OR FREIGHT FORWARDER:

Nombre Comercial Legal Completo y Correcto del Transportista, Corredor o Agente de Carga:

ASCENSION & ASSOCIATES LLC

ADDRESS OF CARRIER, BROKER, OR FREIGHT FORWARDER:

Dirección del Transportista, Agente, o el Destinatario del Flete:

3726 GLENWOOD DR	CHARLOTTE	NC	28208		
STREET ADDRESS	CITY	STATE/PROVINCE	ZIP CODE + 4	COLONIA (Mexico only)	FOREIGN COUNTRY
Dirección	Ciudad	Estado/Provincia	Código postal + 4	Colonia (sólo México)	País Extranjero

COMPANY OFFICIAL AUTHORIZED TO SIGN FORM:

Funcionario de la Empresa Autorizado a Firmar el Formulario:

OWNER/PRESIDENT OF #1 AGENTS OF PROCESS, INC.	VENUS ANZARI
TITLE OF AUTHORIZED PERSON	NAME OF AUTHORIZED PERSON (please print)
Título de la Persona Autorizada	Nombre de la Persona Autorizada (por favor imprima)
	1-866-392-4657
SIGNATURE OF AUTHORIZED PERSON	TELEPHONE NUMBER
Firma de la Persona Autorizada	Número Telefónico

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Ascension & Associates LLC	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) P Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions. 3726 Glenwood DR	Requester's name and address (optional)
	6 City, state, and ZIP code Charlotte, NC 28208	
	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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
or	
Employer identification number	
3 9 -	3 2 3 8 1 2 6

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 3/15/24
------------------	--------------------------	---------------------

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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



ASCENSION & ASSOCIATES LLC SHIPPER CREDIT APPLICATION

Freight Brokerage - Transportation Coordination

For customer onboarding and billing setup

1. Applicant Information

LEGAL BUSINESS NAME	DBA / TRADE NAME	YEARS IN BUSINESS
<hr/>		
BILLING ADDRESS	CITY / STATE / ZIP	MAIN PHONE
<hr/>		
ACCOUNTS PAYABLE CONTACT	AP EMAIL	WEBSITE
<hr/>		

2. Company Structure and Tax Information

Business Type: Corporation LLC Partnership Sole Proprietor Government / Public

FEDERAL TAX ID / EIN DUNS / UEI (IF APPLICABLE) TAX EXEMPT / IF YES, EXPLAIN

3. Banking and Trade References

BANK NAME	BANK CONTACT	BANK PHONE
<hr/>		
REFERENCE 1 - COMPANY / CONTACT / PHONE / EMAIL		
<hr/>		
REFERENCE 2 - COMPANY / CONTACT / PHONE / EMAIL		
<hr/>		
REFERENCE 3 - COMPANY / CONTACT / PHONE / EMAIL		
<hr/>		

4. Requested Terms and Billing Preferences

BILLING INSTRUCTIONS / DOCS

Requested Terms: Net 15 Net 30 Net 45 Other

Invoice Delivery: Email PDF Portal Upload EDI Mail

5. Authorization

The undersigned certifies that the information supplied is accurate and authorizes Ascension & Associates LLC to evaluate credit references for the purpose of establishing payment terms.

AUTHORIZED SIGNER	TITLE	DATE	SIGNATURE
<hr/>	<hr/>	<hr/>	<hr/>



6. Operating Profile

PRIMARY FREIGHT TYPES	PRIMARY SHIPPING REGIONS / LANES	AVERAGE MONTHLY SHIPMENT VOLUME
PREFERRED EQUIPMENT	SPECIAL HANDLING REQUIREMENTS	CLAIMS CONTACT / EMAIL

7. Internal Review (Optional - Broker Use)

CREDIT LIMIT APPROVED	TERMS APPROVED	REVIEWED BY	APPROVAL DATE
-----------------------	----------------	-------------	---------------

NOTES

Submission Notes

- Complete as many fields as possible to support account setup.
- Providing trade references can help speed up credit review.
- A completed application does not guarantee open credit terms.
- Please return the completed form to ronnie@ascensionandassociatesllc.com.



ASCENSION & ASSOCIATES LLC

Freight Brokerage - Transportation Coordination

Website: ascensionandassociatesllc.com

RATE CONFIRMATION

Shipper Service Authorization

3726 Glenwood Dr., Charlotte, NC 28208

Phone: 980-535-5853

Email: ronnie@ascensionandassociatesllc.com

Shipment Authorization

RATE CONFIRMATION #	DATE ISSUED	SHIPPER REF #	STATUS
TENDERED BY (SHIPPER CONTACT)	EMAIL	PHONE	REQUESTED RESPONSE BY

Routing Details

ORIGIN

FACILITY / COMPANY

STREET / CITY / STATE / ZIP

APPT DATE / TIME

CONTACT

DESTINATION

FACILITY / COMPANY

STREET / CITY / STATE / ZIP

APPT DATE / TIME

CONTACT

COMMODITY / DESCRIPTION	WEIGHT (LBS)	PIECES	EQUIPMENT	TEMP / SPECIAL HANDLING
-------------------------	--------------	--------	-----------	-------------------------

Financial Terms

LINEHAUL RATE	FUEL / FSC	ACCESSORIALS	TOTAL AGREED AMOUNT	PAYMENT TERMS
---------------	------------	--------------	---------------------	---------------

Service Notes / Required Instructions

- FCFS
 Appointment Required
 Pallet Exchange
 Detention Applies
 Lumper Possible

Authorization

SHIPPER AUTHORIZED SIGNATURE	PRINTED NAME / TITLE	DATE	ASCENSION REPRESENTATIVE
------------------------------	----------------------	------	--------------------------

This rate confirmation authorizes Ascension & Associates LLC to arrange transportation pursuant to the terms confirmed above. Final carrier assignment is managed by the broker.