



| Customer Welcome Packet



Welcome to Priority1

Thank you for choosing Priority1 and giving us the opportunity to serve you. We appreciate your business and the confidence you have placed in us.

At Priority1 our mission is to be the innovator and leader in logistics. We dedicate ourselves to establishing lifelong partnerships with our customers, employees, and vendors by exceeding their expectations through our people, technology, expertise, and values. Our success is measured by how well we simplify your logistics needs. Your product is our priority.

Priority1 Company Information

Website:	www.priority1inc.com
Phone:	(501) 372-3925
Fax:	(501) 374-5960
Federal ID#	71-0790065
Dunn & Bradstreet#	80-465-5744
MC#	312916
SCAC:	POIP
DOT#	2222837

Corporate Officers:	Ken Hamilton, President
Date of Incorporation:	May 2, 1996
State of Incorporation:	Arkansas

Bank References:

Bank of America

200 West Capitol
Little Rock, AR 72201
Fax- 900-733-5100 (\$10 charge for query)

Trade References:

R&L Carriers

Fax Request to: Rita Miller,
Collections Manager
Fax: 937-655-3121

Saia

Email Credit Dept:
Credit@saia.com

Southeastern Freight Lines

Email Denise Smith:
Denise.Smith@sefl.com
800-637-7335

Physical Address:

PRIORITY 1
401 W. CAPITOL AVE
SUITE 600
LITTLE ROCK, AR 72201

Mailing Address:

PO Box 398
North Little Rock, AR 72115

Payment Only Address:

PO Box 840808
Dallas, TX 75284-0808

Payments & Contacts:

Primary Payment Notification

Email: p1collections@priority1inc.com
PH: 501-487-6518 Fax: 501-374-5960

Carrie Alexander

Financial Services Manager
Direct: 501-487-6495
Email: carrie.alexander@priority1inc.com

Eric Dyson

Director of Financial Services
Direct: 501-487-6479
Email: eric.dyson@priority1inc.com

Payments to Priority-1, Inc can be made via **wire** or **ACH** directly to our account at **Bank of America**.

ACH:

Routing # 082000073
Account# 004165666767

Wire:

Routing # 026009593
Account# 004165666767
SWIFT Code for international wires: BOFAUS3N

Bank Address:

Bank of America
200 W Capitol
Little Rock, AR 72201

We are excited to announce you can now make payments online and view your invoices with our E-Pay system. Please email p1collections@priority1inc.com to get set up online.

We accept e-checks (free) and credit cards (2.5% surcharge fee)

Payment (checks) Mailing Address:
PO Box 840808
DALLAS, TX 75284-0808

Remittance information is required and should be e-mailed to ***payments@priority1inc.com***.

Any questions related to payments or banking should be directed to Nate Hastings, Controller, via e-mail (***nate.hastings@priority1inc.com***) or phone (***501-487-6501***).

Priority1 utilizes paperless billing!

Please provide the email accounts you wish to receive your invoicing through.

It saves ***time, money,*** and ***trees!***

Invoices will be sent out daily, making it easier for your company. We can also fax or mail your invoices if a hard copy is needed.

Getting started is easy!

Just email your financial service analyst or p1collections@priority1inc.com with the name of your company and the email addresses you want them sent to.

Please make note that invoices will come from: *noreply@priority1.com*

If you need BOLs or PODs with your invoices in order to process payment please let us know.

PM-25
(Rev. 1/95)

SERVICE DATE
February 06, 1997

FEDERAL HIGHWAY ADMINISTRATION

LICENSE

MC 312916 B

PRIORITY-1, INC.

LITTLE ROCK, AR, US

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 1043) and the designation of agents upon whom process may be served (49 CFR 1044). Applicant shall also render reasonably continuous and adequate service under this authority. Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

Thomas T. Vining
Chief, Licensing and Insurance Division

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.

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. Priority-1, Inc	
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"/> 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) ► _____	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. 1800 E Roosevelt Rd	Requester's name and address (optional)
6 City, state, and ZIP code Little Rock, AR 72206	
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.

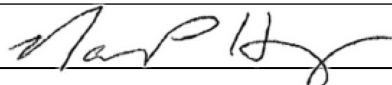
Social security number										
			-			-				
or										
Employer identification number										
7	1		-	0	7	9	0	0	6	5

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 ► 1/12/2021
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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.



CREDIT APPLICATION AND PURCHASE AGREEMENT

LEGAL ENTITY NAME: _____ DBA: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

☐ Check box if mailing address is same as physical address

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TAXPAYER ID/EIN: _____ TELEPHONE#: _____

CHECK ONE: ☐ SOLE PROPRIETORSHIP ☐ PARTNERSHIP ☐ CORPORATION ☐ LLC

DATE BUSINESS BEGAN: _____ GROSS ANNUAL SALES (Previous Year): _____

THE ACCOUNTS PAYABLE CONTACT FOR THE COMPANY IS:

NAME : _____ PHONE # _____ EMAIL ADDRESS: _____

THE SHIPPING CONTACT FOR THE COMPANY IS:

NAME : _____ PHONE # _____ EMAIL ADDRESS: _____

PLEASE FURNISH THREE CREDIT REFERENCES: (Non-Trucking / 3PL)

ALL CREDIT REFERENCES ARE SPECIFICALLY AUTHORIZED TO PROVIDE CREDIT AND ACCOUNT INFORMATION TO PRIORITY-1, INC. THE UNDERSIGNED REPRESENTS AND VERIFIES THAT THE INFORMATION CONTAINED IN THIS CREDIT APPLICATION AND PURCHASE AGREEMENT IS TRUE AND CORRECT AND THAT HE/SHE HAS THE AUTHORITY TO EXECUTE THIS CREDIT APPLICATION AND PURCHASE AGREEMENT.

1. NAME: _____ TELEPHONE : _____

CONTACT: _____ FAX: _____ EMAIL: _____

2. NAME: _____ TELEPHONE : _____

CONTACT: _____ FAX: _____ EMAIL: _____

3. NAME: _____ TELEPHONE : _____

CONTACT: _____ FAX: _____ EMAIL: _____

TERMS AND CONDITIONS

CUSTOMER HEREBY AGREES THAT ALL PURCHASES MADE ARE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS:

CUSTOMER AGREES TO THE TERMS AND CONDITIONS SET FORTH ON THE PRIORITY-1 WEBSITE (<http://priority1inc.com/terms-and-conditions/>) THE TERMS AND THE CONDITIONS SET FORTH ON THE WEBSITE ARE INCORPORATED HEREIN AS IF SET FORTH WORD FOR WORD.

ALL AMOUNTS DUE FOR SERVICES PURCHASED FROM PRIORITY-1, INC. ARE PAYABLE AT P.O. BOX 840808, Dallas, TX, 75284, NO LATER THAN THE DUE DATE SPECIFIED ON YOUR INVOICE. SERVICES PURCHASED FROM PRIORITY-1, INC. ARE NOT PAYABLE IN INSTALLMENTS BUT ARE PAYABLE IN FULL AS STATED HEREIN.

CUSTOMER SHALL PAY, IN THE EVENT ITS ACCOUNT BECOMES DELINQUENT AND IS TURNED OVER TO AN ATTORNEY FOR COLLECTION, REASONABLE ATTORNEY'S FEES PLUS ALL COURT COSTS AND ATTENDANT COLLECTION COSTS. ALL LATE PAYMENTS ARE SUBJECT TO FINANCE CHARGES UP TO THE MAXIMUM ALLOWED BY LAW.

THIS PURCHASE AGREEMENT IS PERFORMABLE IN LITTLE ROCK, PULASKI COUNTY, ARKANSAS. THE AGREEMENT SHALL BE GOVERNED BY THE LAWS OF THE STATE OF ARKANSAS. CUSTOMER CONSENTS AND AGREES THAT PRIORITY-1, INC. MAY MAINTAIN ANY SUIT TO ENFORCE THIS PURCHASE AGREEMENT OR TO COLLECT ANY DEBT OWED TO PRIORITY-1, INC. IN ANY COURT IN PULASKI COUNTY, ARKANSAS WHICH HAS SUBJECT MATTER JURISDICTION, AND CUSTOMER EXPRESSLY CONSENTS AND SUBMITS TO THE JURISDICTION, AND WAIVES ANY OBJECTION TO VENUE OR PERSONAL JURISDICTION, OF ANY SUCH COURT.

THE UNDERSIGNED ACKNOWLEDGES AND AGREES THAT THE GOODS AND SERVICES ARE SOLD TO CUSTOMER IN RELIANCE ON THE INFORMATION PROVIDED HEREIN. THE UNDERSIGNED FURTHER ACKNOWLEDGES AND CONFIRMS THAT HE/SHE HAS THE EXPRESS AND ACTUAL AUTHORITY TO EXECUTE THIS CREDIT APPLICATION AND PURCHASE AGREEMENT ON BEHALF OF CUSTOMER.

SIGNED: _____ DATE: _____

NAME (Print): _____ TITLE: _____



401 W. CAPITOL AVE SUITE 600
LITTLE ROCK, AR 72201

version 2.1



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/7/2022

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 have **ADDITIONAL INSURED** provisions or 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 McGriff Insurance Services 1500 Riverfront Drive Little Rock, AR 72202	CONTACT NAME: Machel Carvill	FAX (A/C, No):	
	PHONE (A/C, No, Ext): 501-661-4947	E-MAIL ADDRESS: machel.carvill@mcgriff.com	
INSURED Priority-1, Inc 1800 East Roosevelt Road Little Rock AR 72206	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Hudson Excess Insurance Company		14484
	INSURER B: Kinsale Insurance Company		38920
	INSURER C: Chubb Indemnity Insurance Company		12777
	INSURER D: Markel American Insurance Company		28932
	INSURER E:		
INSURER F:			

COVERAGES**CERTIFICATE NUMBER:** 67626562**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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GTUL000396-02	3/15/2022	3/15/2023	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$ Included \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Truck Broker Liability			GTUL000396-02	3/15/2022	3/15/2023	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			01000718454	3/15/2022	3/15/2023	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input checked="" type="checkbox"/> N	N / A	71827361	3/1/2022	3/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
D	Errors & Omissions			USMMC0000019000	3/15/2022	3/15/2023	1,000,000 Per Occurrence
D	Motor Truck Cargo w contingent Liab.			USMMC0000019000	3/15/2022	3/15/2023	100,000 Cargo Limit / \$10,000 Deductible

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

CERTIFICATE HOLDER**CANCELLATION**

EVIDENCE OF COVERAGE

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

Jonathan Wilson

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ACORD 25 (2016/03)

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