



ACCOUNT APPLICATION

COMPANY INFORMATION

Mode One, LLC
P.O. Box 1246
Chickasha, OK 73023-1246
Phone: (800) 605 - 4503
Fax: (859) 757-2288
www.Mode-One.net
Federal ID #82-0863500
MC #021065
DOT #2995159
DUNS #080902876

INSURANCE COMPANY

Higginbotham Insurance Agency, Inc.
1610 Shadywood Lane
Mount Pleasant, TX 75455
903-434-4766

BANKING INFORMATION

The First National Bank & Trust Co.
302 Chickasha Avenue
Chickasha, OK 73018
405-224-2200



ACCOUNT APPLICATION

SHIPPER / COMPANY INFORMATION

Company Name _____ Primary Contact _____
Physical Address _____ A/P Contact _____
_____ Contact Email: _____
Billing Address _____ Company Website _____
_____ Federal ID# _____
Telephone Number _____ Sole Proprietor? _____
Fax Number _____ D & B Number _____

MAXIMUM LOAD VALUE (CIRCLE ONE)

a.) \$0-\$50K b.) \$51K-\$100K c.) \$101K-\$150K d.) \$151K-\$200K e.) \$201K-\$250K f.) \$251K+

Estimated # of Weekly Loads _____

BANK REFERENCE

Name _____ Phone Number _____
Manager _____ Checking Acct. Number _____
Email Address and/or Fax Number _____
For Canadian-Based Bank References ONLY, Branch Transit# _____

CREDIT REFERENCES

Company Name	Address	Phone Number	Contact Name	Fax Number
1 _____				
2 _____				
3 _____				



ACCOUNT APPLICATION

TERMS AND CONDITIONS

Customer Name

1. Customer hereby certifies that information furnished in this application is current and accurate. The term of this agreement shall be for one (1) year and shall automatically renew for successive one (1) year periods; provided, however, that either party may terminate this agreement on 30 days written notice to the other party. If the parties continue to conduct business after termination, the provisions of this agreement will continue to apply.
2. Our payment receiving terms are NET 30 days from invoice date.
3. Customer affirms that it is solvent, is not currently a party to any bankruptcy proceeding, is not being dissolved or otherwise liquidating its assets and can satisfy all financial obligations to Mode One. Customer affirms that there are no open judgments, suits, or liens against Customer.
4. Finance charge of 1.5% per month (18% annum) added to accounts 30 days or more pastdue.
5. If Mode One utilizes the services of a collection agency or attorney to collect any amounts due, Customer agrees to pay all associated collection costs, attorney fees, and court costs.
6. Customer will promptly notify Mode One of any change of ownership.
7. Customer understands that Mode One is a transportation broker only who arranges the transportation of freight by an independent third party motor carrier. Customer agrees that Mode One will not fill out Bills of Lading and cannot be listed on Bills of Lading as the delivering carrier.
8. Mode One records phone calls for quality assurance and training purposes.
9. In the event of cargo loss or damage, Customer must file a claim for the loss with Mode One within nine (9) months from the date of such loss, shortage or damage, which for purposes of this agreement shall be the delivery date or, in the event of non-delivery, the scheduled delivery date. Customer agrees to assist Mode One in the pursuit of a claim, including confirming the validity of the claim and claim amount with determination. If Mode One pays a claim, Customer automatically assigns any and all of its rights and interest in the claim to Mode One.
10. Customer understands motor carriers under contract with Mode One are required to maintain cargo loss and damage liability insurance in the amount of \$100,000.00 per shipment. By signing below, Customer acknowledges that loads valued in excess of \$100,000.00 will not be tendered without first giving written notice to all Mode One and/or the contracted motor carrier the opportunity to arrange for increased insurance limits. Failure to provide written notice will result in your loads not being insured to the extent the value exceeds \$100,000.00.
11. The state courts located in Grady County, Oklahoma shall have the exclusive and irrevocable jurisdiction and shall be the exclusive venue with respect to any claim, counterclaim, dispute or lawsuit arising in connection with any transactions, loads, or other business between Mode One and Customer.
12. In the event Customer is negligent or breaches the terms of the Agreement and there is a resulting claim, lawsuit or damages asserted against Mode One, it agrees to indemnify, defend and hold Mode One harmless to the fullest extent of the law.
13. By signing below, Customer acknowledges that the individual executing this agreement has authority to do so and further authorizes Mode One to contact each and every credit / bank reference provided.

Signature

Date

Print Name

Title



ACCOUNT APPLICATION

BILLING SPECIFICATIONS (TO BE FILLED OUT BY ACCOUNT PAYABLES CONTACT)

1. To process payment, may we exclude bills of lading from your invoice? **Y/N**

2. Do you accept invoices via email? **Y/N**

Copies of the bills of lading can be attached if necessary, for payment processing.

Please provide A/P contact name and email address: _____

If no, then fax is an option. Please provide fax number: _____

3. Mode One is capable of Electronic Data Interchange (EDI) transactions.

Can we contact you to discuss EDI options? **Y/N**

If yes, please provide contact name and number _____

4. Are your loads pallet exchange? **Y/N**

5. Do you reimburse for unloading charges? **Y/N**

6. Can we contact you about paying invoices with ACH/EFT? **Y/N**

If yes, please provide contact information as follows:

ACH/EFT Contact Name _____ Phone # _____

Accounts Payable Email Address _____

Please add any additional billing requirements/comments below:

Company Name: _____

A/P Contact Name/Titles: _____

Signatures: _____

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.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. MODE ONE, LLC	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member 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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) 1905 N. Old Hwy 81 S. (PO Box 1246)	Requester's name and address (optional)
	6 City, state, and ZIP code Chickasha, OK 73018	
	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 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.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number								
			-				-	
or								
Employer identification number								
8	2		-	0	8	6	3	5 0 0

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. citizen or other U.S. person (defined below); and
4. 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 on page 3.

Sign Here	Signature of U.S. person ▶ <i>Paul E. Anthony</i>	Date ▶ 1/2/2020
-----------	---	-----------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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?* on page 2.

By signing the filled-out form, you:

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, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/29/2020

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 Higginbotham Insurance Agency, Inc. 1610 Shadywood Lane Mount Pleasant TX 75455		CONTACT NAME: Laura Miles PHONE (A/C, No, Ext): 903-434-4760 E-MAIL ADDRESS: Lmiles@higginbotham.net		FAX (A/C, No): 903-577-1467
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Certain Underwriters @ Lloyds		15792
INSURED Mode One, LLC PO Box 1246 Chickasha OK 73023		INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 244278351

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 type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Freight Broker <input type="checkbox"/> Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			MB204196311	6/5/2020	6/5/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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"/> Contingent			MB204196311	6/5/2020	6/5/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Ded: \$ 5,000
A	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			MB204196311	6/5/2020	6/5/2021	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ Freight Broker \$ Excess Liab
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Freight Broker Prof Indemnity Cargo Legal Liability Contingent Cargo			MB204196311	6/5/2020	6/5/2021	Limit: \$100,000 Limit: \$250,000 Limit: \$300,000 Ded: \$5,000 Ded: \$5,000 Ded: \$5,000

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

The General Liability, Automobile Liability and Excess Liability policy includes a blanket automatic additional insured endorsement that provides additional insured status and a blanket waiver of subrogation endorsement to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status. Excess Liability is follow form over Auto Liability and General Liability only.

CERTIFICATE HOLDER**CANCELLATION**

Proof 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

© 1988-2015 ACORD CORPORATION. All rights reserved.



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

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

SERVICE DATE
June 06, 2017

LICENSE

MC-21065-B

U.S. DOT No. 2995159
MODEONE LLC
CHICKASHA, OK

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.

Jeffrey L. Secrist, Chief
Information Technology Operations Division

BPO



June 03, 2020

PAUL ANTHONY
MODEONE LLC
PO BOX 1246
CHICKASHA, OK 73023-1246

CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) RENEWAL

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

MODEONE LLC
PO BOX 1246
CHICKASHA, OK 73023-1246
MC-21065
US DOT-2995159

This Alpha Code will apply only to the company name shown above through June 30, 2021. 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, address or contact information need an update, please notify the National Motor Freight Association, Inc. at customerservice@nmfta.org.

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:

AMSSCAC@cbp.dhs.gov
Customs and Border Protection
Attention: SCAC Beauregard, Cube: A-105-3
1801 N. Beauregard Street
Alexandria, VA 20598-1350

If you would also like to participate in the Automated Export System (AES) program, please email AMSSCAC@cbp.dhs.gov and askaes@census.gov a request to enable your SCAC for AES.

All SCACs are automatically uploaded to ACE within 24 hours.

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.



**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43215

Certificate of Ohio Workers' Compensation

This certifies that the employer listed below participates in the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. This certificate is only valid if premiums and assessments, including installments, are paid by the applicable due date. To verify coverage, visit www.bwc.ohio.gov, or call 1-800-644-6292.

This certificate must be conspicuously posted.

Policy number and employer
80037408

MODEONE LLC
MODE ONE
PO BOX 1246
CHICKASHA, OK 73023-1246

Period Specified Below
07/01/2019 to 07/01/2020



www.bwc.ohio.gov

Issued by: BWC

Administrator/CEO

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol, marihuana or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol, marihuana or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



**Bureau of Workers'
Compensation**

You must post this language with the Certificate of Ohio Workers' Compensation.

Registration Document



The U.S. Environmental Protection Agency recognizes

Mode One Logistics

As a Registered

SmartWay® Transport Partner

Partnership Date: 07/18/2019

SmartWay ID: 25643342

Expires: 09/14/2020

A handwritten signature in blue ink, appearing to read "Cheryl Bynum".

Cheryl Bynum

Center Director, SmartWay Transport Partnership