



Welcome Prospective Customer.

Thank you for your interest in becoming a customer of V3 Transportation.

Established in 2013, V3 Transportation has rapidly established a reputation for quality and reliability as an expedited transportation service provider for Automotive, Manufacturing, Chemical, Medical, Print, Packaging, Floor Covering, Retail, and Entertainment. V3 has been recognized for excellence by national transportation publications in the areas of customer service and fleet operations.

To get started, enclosed is our Credit and Billing Information form. Your company credit information form is acceptable in lieu of completing the bank information and trade references sections. **However, all other information must be completed.** Please return the Credit and Billing Information form, along with the Fuel Surcharge Acknowledgment, your W9, and copy of your brokerage authority to customers@v3transportation.com.

All invoices are sent via email. Please be sure to provide a valid email address.

If you have any questions, or you have a packet you would like us to complete, please send your requests to customers@v3transportation.com or you can call us at 888.255.5955 and press 6 when prompted.

We look forward to working with you.

Craig Amato

Craig Amato
CEO

John Sliter

John Sliter
President



V3 Transportation

4920 Enterprise Parkway

Seville, OH 44273

P: 888 255-5955

F: 866 334-0221

Information Sheet

OPERATING AND FINANCIAL INFORMATION

Legal Name.....V3 Logistix, Inc. dba V3 Transportation
Contract Carrier Authority..... MC – 807828
Broker Carrier Authority MC – 814128
DOT Number (Carrier) 2357928
DOT Number (Broker) 2380985
Federal Tax Identification Number 46-1397544
NAICS 484121 – General Freight Trucking, Long Distance
HazMat Registration Number 062017 552 095Z
Year Founded 2012
Company Type.....Florida Corporation
Insurance Marsh USA, Inc.
Corporate Offices Seville, Ohio
SCAC Code (Carrier) VTVN
SCAC Code (Broker) VTVB

HEADQUARTERS/MAILING

V3 Logistix, Inc. dba V3 Transportation

4920 Enterprise Parkway

Seville, Ohio 44273

Toll Free: 888.255.5955

Fax: 866.334.0221

Email: operations@v3transportation.com

SENIOR MANAGEMENT TEAM

President John Sliter

Chief Executive Officer.....Craig Amato

Chief Operating Officer..... Paul Ratcliff



Credit Application

&

Invoicing Instructions

Please provide a W-9 and copy of your Authority.

V3 Transportation

4920 Enterprise Parkway

Seville, OH 44273

P: 888 255-5955

F: 866 334-0221

Name/Address

Name of Business:		Tax I.D.:
DBA:		DUNS#
Physical Address:		Broker MC/FF#
City:	State:	Zip:
Phone:	Toll Free:	Fax:
Mailing Address:		Website:
City:	State:	Zip:

Company Information

Legal Form Under Which Business Operates:			
<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> LLC
Name of Parent Company (if different than registered name):			In Business Since:
President:		Controller:	
A/P Contact Name:		A/P Phone #:	
A/P Contact Email:			

Bank Information

Institution Name:		
Address:		
City	State	Zip
Contact Name:	Phone:	Fax:

Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

Invoicing Instructions

Email address for invoicing:	
Proof of Delivery Requirements:	<input type="checkbox"/> None Required
Information Required on Invoice:	<input type="checkbox"/> None Required
Special Requirements for Invoicing:	<input type="checkbox"/> None

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

SIGNATURE

TITLE

PRINTED NAME

DATE



Fuel Surcharge Schedule

All shipments transported by V3 Logistix, Inc. dba V3 Transportation under the provisions of this agreement will be subject to a fuel surcharge as provided herein. When the U.S. National Diesel Fuel Index is:

AT LEAST	BUT NOT MORE THAN	FUEL SUR-CHARGE WILL BE	AT LEAST	BUT NOT MORE THAN	FUEL SUR-CHARGE WILL BE	AT LEAST	BUT NOT MORE THAN	FUEL SUR-CHARGE WILL BE
116.0 cents	120.9 cents	1.0%	346.0 cents	350.9 cents	24.0%	576.0 cents	580.9 cents	47.0%
121.0 cents	125.9 cents	1.5%	351.0 cents	355.9 cents	24.5%	581.0 cents	585.9 cents	47.5%
126.0 cents	130.9 cents	2.0%	356.0 cents	360.9 cents	25.0%	586.0 cents	590.9 cents	48.0%
131.0 cents	135.9 cents	2.5%	361.0 cents	365.9 cents	25.5%	591.0 cents	595.9 cents	48.5%
136.0 cents	140.9 cents	3.0%	366.0 cents	370.9 cents	26.0%	596.0 cents	600.9 cents	49.0%
141.0 cents	145.9 cents	3.5%	371.0 cents	375.9 cents	26.5%	601.0 cents	605.9 cents	49.5%
146.0 cents	150.9 cents	4.0%	376.0 cents	380.9 cents	27.0%	606.0 cents	610.9 cents	50.0%
151.0 cents	155.9 cents	4.5%	381.0 cents	385.9 cents	27.5%	611.0 cents	615.9 cents	50.5%
156.0 cents	160.9 cents	5.0%	386.0 cents	390.9 cents	28.0%	616.0 cents	620.9 cents	51.0%
161.0 cents	165.9 cents	5.5%	391.0 cents	395.9 cents	28.5%	621.0 cents	625.9 cents	51.5%
166.0 cents	170.9 cents	6.0%	396.0 cents	400.9 cents	29.0%	626.0 cents	630.9 cents	52.0%
171.0 cents	175.9 cents	6.5%	401.0 cents	405.9 cents	29.5%	631.0 cents	635.9 cents	52.5%
176.0 cents	180.9 cents	7.0%	406.0 cents	410.9 cents	30.0%	636.0 cents	640.9 cents	53.0%
181.0 cents	185.9 cents	7.5%	411.0 cents	415.9 cents	30.5%	641.0 cents	645.9 cents	53.5%
186.0 cents	190.9 cents	8.0%	416.0 cents	420.9 cents	31.0%	646.0 cents	650.9 cents	54.0%
191.0 cents	195.9 cents	8.5%	421.0 cents	425.9 cents	31.5%	651.0 cents	655.9 cents	54.5%
196.0 cents	200.9 cents	9.0%	426.0 cents	430.9 cents	32.0%	656.0 cents	660.9 cents	55.0%
201.0 cents	205.9 cents	9.5%	431.0 cents	435.9 cents	32.5%	661.0 cents	665.9 cents	55.5%
206.0 cents	210.9 cents	10.0%	436.0 cents	440.9 cents	33.0%	666.0 cents	670.9 cents	56.0%
211.0 cents	215.9 cents	10.5%	441.0 cents	445.9 cents	33.5%	671.0 cents	675.9 cents	56.5%
216.0 cents	220.9 cents	11.0%	446.0 cents	450.9 cents	34.0%	676.0 cents	680.9 cents	57.0%
221.0 cents	225.9 cents	11.5%	451.0 cents	455.9 cents	34.5%	681.0 cents	685.9 cents	57.5%
226.0 cents	230.9 cents	12.0%	456.0 cents	460.9 cents	35.0%	686.0 cents	690.9 cents	58.0%
231.0 cents	235.9 cents	12.5%	461.0 cents	465.9 cents	35.5%	691.0 cents	695.9 cents	58.5%
236.0 cents	240.9 cents	13.0%	466.0 cents	470.9 cents	36.0%	696.0 cents	700.9 cents	59.0%
241.0 cents	245.9 cents	13.5%	471.0 cents	475.9 cents	36.5%	701.0 cents	705.9 cents	59.5%
246.0 cents	250.9 cents	14.0%	476.0 cents	480.9 cents	37.0%	706.0 cents	710.9 cents	60.0%
251.0 cents	255.9 cents	14.5%	481.0 cents	485.9 cents	37.5%	711.0 cents	715.9 cents	60.5%
256.0 cents	260.9 cents	15.0%	486.0 cents	490.9 cents	38.0%	716.0 cents	720.9 cents	61.0%
261.0 cents	265.9 cents	15.5%	491.0 cents	495.9 cents	38.5%	721.0 cents	725.9 cents	61.5%
266.0 cents	270.9 cents	16.0%	496.0 cents	500.9 cents	39.0%	726.0 cents	730.9 cents	62.0%
271.0 cents	275.9 cents	16.5%	501.0 cents	505.9 cents	39.5%	731.0 cents	735.9 cents	62.5%
276.0 cents	280.9 cents	17.0%	506.0 cents	510.9 cents	40.0%	736.0 cents	740.9 cents	63.0%
281.0 cents	285.9 cents	17.5%	511.0 cents	515.9 cents	40.5%	741.0 cents	745.9 cents	63.5%
286.0 cents	290.9 cents	18.0%	516.0 cents	520.9 cents	41.0%	746.0 cents	750.9 cents	64.0%
291.0 cents	295.9 cents	18.5%	521.0 cents	525.9 cents	41.5%	751.0 cents	755.9 cents	64.5%
296.0 cents	300.9 cents	19.0%	526.0 cents	530.9 cents	42.0%	756.0 cents	760.9 cents	65.0%
301.0 cents	305.9 cents	19.5%	531.0 cents	535.9 cents	42.5%	761.0 cents	765.9 cents	65.5%
306.0 cents	310.9 cents	20.0%	536.0 cents	540.9 cents	43.0%	766.0 cents	770.9 cents	66.0%
311.0 cents	315.9 cents	20.5%	541.0 cents	545.9 cents	43.5%	771.0 cents	775.9 cents	66.5%
316.0 cents	320.9 cents	21.0%	546.0 cents	550.9 cents	44.0%	776.0 cents	780.9 cents	67.0%
321.0 cents	325.9 cents	21.5%	551.0 cents	555.9 cents	44.5%	781.0 cents	785.9 cents	67.5%
326.0 cents	330.9 cents	22.0%	556.0 cents	560.9 cents	45.0%	786.0 cents	790.9 cents	68.0%
331.0 cents	335.9 cents	22.5%	561.0 cents	665.9 cents	45.5%	791.0 cents	795.9 cents	68.5%
336.0 cents	340.9 cents	23.0%	566.0 cents	570.9 cents	46.0%	796.0 cents	800.9 cents	69.0%
341.0 cents	345.9 cents	23.5%	571.0 cents	575.9 cents	46.5%	801.0 cents	805.9 cents	69.5%



V3 Transportation

4920 Enterprise Parkway

Seville, OH 44273

P: 888 255-5955

F: 866 334-0221

Fuel Surcharge Acknowledgement

The base fuel price will be established at \$1.16 per gallon. The weekly price issued each Monday by the Department of Energy's (DOE) U.S. National Average Diesel Fuel Index will be used to determine the fuel surcharge applicable for the next seven (7) days. Any adjustments in the fuel surcharge will become effective 12:01 AM, Eastern Standard Time, Tuesday and remain in effect through 12:00 Midnight on the following Monday. In the case of a holiday, fuel surcharge adjustments will become effective the following business day. The Fuel Surcharge Schedule provides the applicable fuel surcharge amount in five (5) cent per gallon increments.

The computation of the charges provided shall be based on line haul charges and calculated by multiplying the net line haul charge by the fuel surcharge percentage as provided in the Fuel Surcharge Schedule. Should the National Diesel Fuel Index exceed 336.0 cents, the surcharge will increase in increments of 0.049 cents and percent of surcharge will increase by 0.5%.

Print Name

Title

Date

Officer / Authorized Signature



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/30/2020

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 MARSH USA, INC. TWO ALLIANCE CENTER 3560 LENOX ROAD, SUITE 2400 ATLANTA, GA 30326 CN118251823--GAWM5-20-21	CONTACT NAME: PHONE (A/C, No. Ext): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A : Arch Insurance Company INSURER B : Lloyds Of London, Et Al INSURER C : Zurich American Insurance Company of Illinois INSURER D : INSURER E : INSURER F :	FAX (A/C, No): NAIC # 11150 27855
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COVERAGES

CERTIFICATE NUMBER:

ATL-004995278-08

REVISION NUMBER: 0

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:			ZAGLB3005103	07/01/2020	07/01/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 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			ZACAT3009703	07/01/2020	07/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ SIR \$ 25,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
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	WC 0503101-02	12/01/2020	12/01/2021	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Motor Truck Cargo			22T 00783 'Othr Ded may apply per terms & cond'	12/01/2020	12/01/2021	Limit 150,000 Deductible 5,000

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

CERTIFICATE HOLDER

V3 Logistix, Inc, dba V3 Transportation
4920 Enterprise Parkway
Seville, OH 44273

CANCELLATION

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
of Marsh USA Inc.

Manashi Mukherjee

Manashi Mukherjee

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**ADDITIONAL REMARKS SCHEDULE**Page 2 of 2

AGENCY MARSH USA, INC.		NAMED INSURED V3 Logistix, Inc. dba V3 Transportation 4920 Enterprise Parkway Seville, OH 44273
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

** The (Cargo Liability, Policy Number: 22T 00783) placement was made by Marsh (Canada). Marsh USA Inc. has only acted in the role of a consultant to the client with respect to this placement, which is indicated here for your convenience.



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

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

SERVICE DATE
January 22, 2013

PERMIT
MC-807828-P
U.S. DOT No. 2357928
V3 LOGISTIX INC
D/B/A V3 TRANSPORTATION
JACKSONVILLE, FL

This Permit is evidence of the carrier's authority to engage in transportation as a **contract carrier of property (except household goods)** by motor vehicle in interstate or foreign commerce.

This authority will be effective as long as the carrier maintains compliance with the requirements pertaining to 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). Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

Service must be performed under a continuing agreement with one or more persons.

A handwritten signature in black ink, reading "Jeffrey L. Secrist".

Jeffrey L. Secrist, Chief
Information Technology Operations Division

NOTE: Willful and persistent noncompliance with applicable safety fitness regulations as evidenced by a DOT safety fitness rating of "Unsatisfactory" or by other indicators, could result in a proceeding requiring the holder of this certificate or permit to show cause why this authority should not be suspended or revoked.

PMO



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

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

SERVICE DATE
February 27, 2013

LICENSE
MC-814128-B
U.S. DOT No. 2380985
V3 LOGISTIX INC
D/B/A V3 TRANSPORTATION
JACKSONVILLE, FL

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, reading "Jeffrey L. Secrist".

Jeffrey L. Secrist, Chief
Information Technology Operations Division

BPO

**UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION
PIPELINE AND HAZARDOUS MATERIALS SAFETY ADMINISTRATION**



**HAZARDOUS MATERIALS
CERTIFICATE OF REGISTRATION
FOR REGISTRATION YEAR(S) 2020-2021**

Registrant: V3 LOGISTIX INC DBA V3 TRANSPORTATION

ATTN: Steve Rose
4920 ENTERPRISE PARKWAY
SEVILLE, OH 44273

This certifies that the registrant is registered with the U.S. Department of Transportation as required by 49 CFR Part 107, Subpart G.

This certificate is issued under the authority of 49 U.S.C. 5108. It is unlawful to alter or falsify this document.

Reg. No: 061920550185C Effective: July 1, 2020 Expires: June 30, 2021

HM Company ID: 161401

Record Keeping Requirements for the Registration Program

The following must be maintained at the principal place of business for a period of three years from the date of issuance of this Certificate of Registration:

- (1) A copy of the registration statement filed with PHMSA; and
- (2) This Certificate of Registration

Each person subject to the registration requirement must furnish that person's Certificate of Registration (or a copy) and all other records and information pertaining to the information contained in the registration statement to an authorized representative or special agent of the U. S. Department of Transportation upon request.

Each motor carrier (private or for-hire) and each vessel operator subject to the registration requirement must keep a copy of the current Certificate of Registration or another document bearing the registration number identified as the "U.S. DOT Hazmat Reg. No." in each truck and truck tractor or vessel (trailers and semi-trailers not included) used to transport hazardous materials subject to the registration requirement. The Certificate of Registration or document bearing the registration number must be made available, upon request, to enforcement personnel.

For information, contact the Hazardous Materials Registration Manager, PHH-52, Pipeline and Hazardous Materials Safety Administration, U.S. Department of Transportation, 1200 New Jersey Avenue, SE, Washington, DC 20590, telephone (202) 366-4109.

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.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
V3 Logistix, Inc.

2 Business name/disregarded entity name, if different from above
V3 Transportation

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.

☐ Individual/sole proprietor or single-member LLC

☐ C Corporation

☒ S Corporation

☐ Partnership

☐ Trust/estate

☐ 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.

☐ 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) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
4920 Enterprise Parkway

6 City, state, and ZIP code
Seville, OH 44273

7 List account number(s) here (optional)

8 Requester's name and address (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

4	6	-	1	3	9	7	5	4	4
---	---	---	---	---	---	---	---	---	---

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 ► *Karen Sliter*

Date ► *1/14/2020*

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.