

Carrier Profile

Carrier:

Address:

Primary Lanes:

Vans or Reefers:

Contact Person:

Phone and fax number:

E-mail address:

Specialty & Equipment:

Drop Trailers	N	Y
Air Ride Trailers	N	Y
Load Locks	N	Y
Logistics Posts	N	Y
Driver Load	N	Y
Driver Unload	N	Y
Haz-mat	N	Y

Area of Operations-----States or Regions

MC#

Haz-mat#

Federal ID #

Carrier Liability Insurance:

Cargo Insurance:

Type of Communication with driver:

Number of Trucks

C T Logistics, Inc.
Carrier – Broker Contract

THIS CONTRACT made _____ day of _____ 200 _____ by and between C T LOGISTICS, INC. (Broker) and _____ (Carrier) for the transportation of specific goods in accordance with the following conditions.

Whereas, **Broker** is a motor transportation broker engaged in the business of selling and negotiating transportation in interstate/intrastate commerce designated by MC 271590: Whereas, Carrier is operating in interstate/intrastate commerce pursuant to operating authority issued to it by the ICC and/or other appropriate commissions. Now, therefore, in consideration of the following mutual convenience, the Broker and Carrier agree to the following:

- 1) **BILATERAL AGREEMENT:** Broker shall tender to Carrier and Carrier shall transport shipments between points designated by Broker. Carrier shall advise Broker if it is unable to supply transportation. Carrier shall use its best efforts to transport shipments tendered by Broker in a timely fashion.
- 2) **RATES & CHARGES:** Each shipment will be evidenced by *Confirmation of Contract Carrier Rate Agreement* specifying shipping points and all applicable charges, terms and conditions. Carrier and Broker must sign this contract. Broker shall pay Carrier within **30** days of receipt of invoice, a copy of signed bills of lading, delivery receipts, and/or proof of delivery from Carrier.
- 3) **INSURANCE:** Carrier shall maintain public liability insurance with a single limit of not less than \$1,000,000. Carrier shall maintain cargo insurance against Carrier's liability for loss or damage to goods shipped pursuant to the contract with a limit of not less than \$100,000. Carrier agrees to indemnify, defend, and hold harmless Broker, its employees, agents, and affiliates from any and all claims, demands, losses, damages, actions, or liability of any kind arising out of Carrier's performance on this contract.
- 4) **CLAIMS:** All loss and damage claims and any salvage arising therefore shall be handled and process in accordance with the regulations of the ICC as published in the Code of Federal Regulations. (49 C.F.R. 1005).
- 5) **BROKER AS INDEPENDENT CONTRACTOR:** Carrier does not allow Broker to act as "agent" for Carrier.
- 6) **DURATION:** This contract shall continue for a period of (1) year and shall be renewed automatically for duration's of an additional year but either party shall have the rights to cancel this contract upon 30 days prior notice to the other party.

Carrier shall not solicit traffic from any shipper, consignor, consignee, or customer of Broker where the availability of such traffic first became to Carrier as a result of Broker's efforts. If Carrier back-solicits Broker's customers, the Broker then is entitled to 12% of gross revenue for the period of twelve months from the Carrier.

The Contract shall be governed by the laws of the State of South Carolina and any dispute or claim arising out of the transportation of Goods by Carrier shall be resolved solely in local, state, and federal courts of Spartanburg County South Carolina.

BROKER: C T Logistics, Inc.

By: Tracy Dobbins

Fax 864-879-3891

CARRIER: _____

By: _____

MC# _____

**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.

Name (as reported on your income tax return) CT Logistics, Inc.	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other	<input type="checkbox"/> Exempt from backup withholding
Address (number, street, and apt. or suite no.) 496 Robin Lake Road	Requester's name and address (optional)
City, state, and ZIP code Duncan, South Carolina 29334	
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 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.

Social security number								
or								
Employer identification number								
5	7	1	1	0	5	4	7	6

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

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. person (including a U.S. resident alien).

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 4.)

Sign Here	Signature of U.S. person	Date 1/27/05
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Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real-estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien); to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

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.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes you are considered a person if you are:

- an individual who is a citizen or resident of the United States,
- a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or

• any estate (other than a foreign estate) or trust. See Regulation section 301.7701-6(a) for additional information.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

***CT Logistics, Inc.
496 Robin Lake Rd / P O Box 705
Duncan, SC 29334
Phone 800-476-8269 ext. 133
Fax 864-879-3891
MC 271590
Fed ID 57-1105476***

References:

**Southern Christian Transportation, Inc
P O Box 2229
Pembroke, NC 28372
Phone 910-521-8844
Contact: Robert**

**Old Glory Trucking, LLC
12029 Eau Galle Rd.
Caledonia, WI 53108
Phone 414-431-1687
Contact: Eric**

**Four Truckers, Inc
P O Box 1296
Morganton, NC 28680
Phone 800-746-3687
Contact: Tommy**

**Faith Transport
3406 Joycliff Rd
Macon, GA 31211
Phone 478-743-0344
Contact: Deborah**



Menu Choose Menu Option



Motor Carrier Details

US DOT:	N/A	Docket Number:	MC271590	
Legal Name:	CT LOGISTICS, INC.			
Doing-Business-As Name:				
Business Address	Business Telephone and Fax	Mail Address	Mail Telephone and Fax	Undeliverable Mail
P O BOX 705 DUNCAN SC 29334	(803) 879-1510			NO
Authority Type	Authority Status	Application Pending		
Common	NONE	NO		
Contract	NONE	NO		
Broker	ACTIVE	NO		
Property	Passenger	Household Goods	Private	Enterprise
YES	NO	NO	NO	NO
Insurance Type	Insurance Required	Insurance on File		
BIPD	\$0	\$0		
Cargo	NO	NO		
Bond	YES	YES		

BOC-3: YES

Blanket Company: [TRUCK PROCESS AGENTS OF AMERICA, INC](#)

| [Active/Pending Insurance](#) | [Rejected Insurance](#) | [Insurance History](#) | [Authority History](#) | [Pending Application](#) | [Revocation](#) |

Monday , May 07, 2007 at 14:08:24

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United States Department of Transportation - Federal Motor Carrier Safety Administration

Menu 

Active/Pending Insurance

US DOT:	N/A	Docket Number:	MC271590					
Legal Name:	CT LOGISTICS, INC.							
Form	Type	Insurance Carrier	Policy/Surety	Posted Date	Coverage From	Coverage To	Effective Date	Cancellation Date
84	SURETY	WASHINGTON INTERNATIONAL INSURANCE COMPANY	271590	05/28/2004	\$0	\$10,000*	05/28/2004	

* If a carrier is in compliance, the amount of coverage will always be shown as the required Federal minimum (\$5,000 per vehicle, \$10,000 per occurrence for cargo insurance and \$10,000 for bond/trust fund). The carrier may actually have higher levels of coverage.

| [Carrier Details](#) | [Rejected Insurance](#) | [Insurance History](#) | [Authority History](#) | [Pending Application](#) | [Revocation](#) |

Monday , May 07, 2007 at 14:08:55

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United States Department of Transportation - **Federal Motor Carrier Safety Administration**

NCA
SERVICE DATE
Oct 17, 2000

DEPARTMENT OF TRANSPORTATION
FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION

DECISION

No. MC-271590
CHARLES E. TAPP
D/B/A C & C TRANSPORTATION
DUNCAN, SC

REENTITLED

CT LOGISTICS,INC.

On Oct 11, 2000, applicant filed a request to have the FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION's records changed to reflect a name change.

It is ordered:

The FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION's records are amended to reflect the carrier's name as CT LOGISTICS,INC.

Within 30 days after this decision is served, the applicant must establish that it is in full compliance with the statute and the insurance regulations by having amended filings on prescribed FMCSA forms (BMC91 or 91X or 82 for bodily injury and property damage liability, BMC 34 or 83 for cargo liability, or a BMC 84 or 85 for property broker security and BOC-3 for designation of agents upon whom process may be served) submitted on its behalf. Copies of Form MCS-90 or other "certificates of insurance" are not acceptable evidence of insurance compliance. Insurance and BOC-3 filings should be sent to FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION, 400 Virginia Ave., SW, Suite 600, Washington, DC 20024.

The applicant is notified that failure to comply with the terms of this decision shall result in revocation of its operating rights registration, effective 30 days from the service date of this decision.

To verify that the applicant is in full compliance, call (202) 358-7000 or visit our web site at: <http://fhwa-li.volpe.dot.gov/>. Any other questions regarding the action taken should be directed to (202) 358-7028/7029.

Decided: Oct 12, 2000

By the FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION.

Terry Shelton, Acting Director
Office Data Analysis & Information Systems



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

400 Virginia Avenue, SW, Suite 600
Washington, DC 20024

SERVICE DATE

June 07, 2004

DECISION

MC-271590-B
CT LOGISTICS, INC.
DUNCAN, SC

REINSTATEMENT OF AUTHORITY

On April 19, 2004, CT LOGISTICS, INC. was notified that its broker license was revoked by the Federal Motor Carrier Safety Administration.

CT LOGISTICS, INC. has now filed a written request for reinstatement of the authority and has submitted evidence of compliance with 49 U.S.C § 13906 and 49 CFR 387.

It is ordered:

The broker license evidenced in Docket No. MC-271590-B is reactivated. The effective date of the reinstatement of this authority is shown below.

Decided: June 02, 2004

By the Federal Motor Carrier Safety Administration

A handwritten signature in black ink, appearing to read "James R. Keenan".

James R. Keenan, Chief
Commercial Enforcement Division

REI