

# MOVE IT LOGISTICS INC.



P.O. Box 6270  
Moore, OK 73153

moveitlogistics@yahoo.com  
moveitlogisticsinc.com

OFFICE-1-888-860-3330  
FAX- 405-217-9635

## Carrier Profile

Please take a few moments to tell us about your company.

COMPANY NAME: \_\_\_\_\_

MC #- \_\_\_\_\_

FEDERAL ID: \_\_\_\_\_

DOT # \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY/ST/ZIP: \_\_\_\_\_

LOCAL PHONE #: \_\_\_\_\_

TOLL FREE #- \_\_\_\_\_

FAX #- \_\_\_\_\_

AFTER HOURS #- \_\_\_\_\_

DISPATCHER- \_\_\_\_\_

DO YOU USE A FACTORING CO. IF SO PLEASE GIVE US THE NAME: \_\_\_\_\_

AREAS WHERE YOU OPERATE OR NEED HELP WITH BACKHAUL LOADS:

FROM: \_\_\_\_\_

TO: \_\_\_\_\_

WHAT FREIGHT POSTING SERVICE DID YOU HEAR ABOUT US? \_\_\_\_\_

\*\*\*IMPORTANT\*\*\* WE CAN COMMUNICATE BY E-MAIL AND SEND CONFIRMATIONS BY EMAIL, SO PLEASE PROVIDE YOUR EMAIL ADDRESS: \_\_\_\_\_

### DOCUMENTS REQUIRED!!!

1. BROKER/CARRIER CONTRACT
2. INSURANCE WITH MOVE IT LOGISTICS INC.  
ADDED AS "CERTIFICATE HOLDER"
3. W-9 FORM
4. COPY OF AUTHORITY
5. CARRIER PROFILE (THIS PAGE)

### AVAILABLE EQUIP. (TYPE, SIZE, QUANTITY)

VAN: \_\_\_\_\_

FLATBEDS: \_\_\_\_\_

OTHER: \_\_\_\_\_

Move it Logistics Inc.  
P.O. Box 6270  
Moore, Okla. 73153  
Ph # 888-860-3330 Fax # 405-217-9635  
e-mail moveitlogisticsinc@gmail.com  
web moveitlogisticsinc.com

This contract, between \_\_\_\_\_ (carrier) operating under contract carrier MC# \_\_\_\_\_ and Move It Logistics Inc. (broker) provides that broker will offer a series of shipments to carrier, who agrees to transport them under its contract carrier authority utilizing specialized equipment and services for the exclusive use and to meet the distinct needs of broker. Rates will be as agreed to and confirmed by fax or e mail and will be reduced to writing by Carrier submitting an invoice being accepted by Broker. Broker agrees to pay Carrier within 30 business days from receipt of original signed bill of lading. (See addendum at bottom of contract)

1) Carrier agrees to maintain cargo and liability insurance in accordance with Broker's requirements, minimum of \$1,000,000 auto liability and \$100,000, Cargo Insurance. Carrier shall be liable to Broker for any lose or damage. The relationship of the Carrier to the Broker shall be at all times that of an independent contractor.

2) It is a Condition of the Broker's Contingent insurance policy that the carrier shall endeavor to maintain a satisfactory U.S. DOT safety rating but under no circumstances is the carrier allowed to provide services under the Broker's Contingent insurance policy if their safety rating falls to "Unsatisfactory"

Initial \_\_\_\_\_



3) Carrier is not allowed to do re-brokering or double brokering. Carrier will defend and hold harmless broker and shipper. Carrier will name broker as an additional insured on their policy. Carrier will provide broker with a current Certificate of insurance listing all equipment and drivers insured under the carrier's policy(s) on the Certificate of insurance.

4) CARRIER agrees to indemnify and hold BROKER and its customers harmless from any claims for loss or damage including, but not limited to, claims for or related to personal injury (including death) and property damage; to the extent caused by any act or omission of CARRIER, its employees or agents, in the performance of this Agreement or the services provided hereunder. CARRIER warrants that it is aware of and will comply with all facility access and safety requirements imposed by any consignor or consignee. CARRIER expressly agrees to indemnify and hold harmless BROKER and its customer from any liability arising out of the presence of CARRIER, its employees and agents on such facilities or violations or violations of the term of access imposed upon it.

5) **NO BACK SOLICITATION AGREEMENT:** Carrier shall not solicit traffic from any shipper, consigner, consignee, or customer of the Broker where (1) the availability of such traffic first became known to Carrier as result of Broker's effort, Or (2) where the traffic of the shipper, consigner, consignee or customer of the Broker was first tendered to the Carrier by the Broker. If Carrier breaches This agreement and "back solicits" the Broker's customer's, and obtains traffic from such a customer, the Broker then is entitled , for a period of 24 months after the invoiced traffic first begins to move, Ie a commission from the Carrier of 25% of the transportation revenue received on the movement of the traffic.

6) This agreement shall remain in force for 5 years from today and from year to year thereafter, subject to the right of either party to cancel upon written notice. This agreement cancels and supersedes any previously dated agreement.

A Facsimile and E-mail transmission shall be deemed to be the same as an original contract.

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
MOVE IT LOGISTICS INC.  
BY Chrisy Phelps

CARRIER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
BY \_\_\_\_\_  
title \_\_\_\_\_

**Addendum:** Due to recent fraudulent activity on our account, we are now 60-65 business days to pay from receipt of the invoice & POD. We apologize for any inconvenience and are working to improve as quickly as possible.

Move It Logistics INC.  
P.O. Box 6270  
Moore, OK 73153  
Phone: (405) 888-860-3330 Fax: (405) 217-9635

Attention All Contracted Carriers and Vendors:

NOTICE:

The Internal Revenue Code and Regulations require that 1099 information returns be issued by a company to any unincorporated entity which has received payment in excess of \$600.00 for a given tax year. To comply with this, law we are updating our records for all vendors (contract carriers) and would appreciate your completing the requested information below. It is most important that you indicate whether or not your firm is incorporated and include your FEDERAL TAX IDENTIFICATION NUMBER. As you are aware, the Internal Revenue Code requires that, as of January 1<sup>st</sup>, 1993, thirtyone percent (31%) backup withholding to be taken from our remittances to any firm which does not provide a correct taxpayer ID number.

Please complete, sign and return this form to our Accounts Payable Department.

Check type of firm and show identification number opposite:

- | Check one                  | Federal Tax ID |
|----------------------------|----------------|
| 1. ( ) Corporation         | _____          |
| 2. ( ) LLC                 | _____          |
| 3. ( ) Partnership         | _____          |
| 4. ( ) Sole Proprietorship | _____          |

Do you require a 1099 at the end of the year? \_\_\_\_ Yes \_\_\_\_ No

Date \_\_\_\_\_ Legal Name \_\_\_\_\_

By: \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Remit to address:

\_\_\_\_\_

Move It Logistics Inc.

P.O. Box 6270

Moore, Okla. 73153

Ph # 888-860-3330 Fax# 405-217-9635

E-mail: [moveitlogisticsinc@gmail.com](mailto:moveitlogisticsinc@gmail.com)

Website: [moveitlogisticsinc.com](http://moveitlogisticsinc.com)

To: \_\_\_\_\_

Fax: \_\_\_\_\_

Carrier: \_\_\_\_\_

Pages: \_\_\_\_\_

\* Please send a certificate of liability with a schedule of equipment and drivers listed on the policy with Move It Logistics Inc. as a certificate holder. Thank you.





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

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

**SERVICE DATE**  
January 28, 2008

**LICENSE**  
**MC-632035-B**  
**MOVE IT LOGISTICS INC**  
**NORMAN, 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.

A handwritten signature in cursive script that reads "Kathy A. Weiner".

Kathy Weiner, Chief  
Information Systems Division

BPO



June 04, 2015

CHRISTY PHELPS  
MOVE IT LOGISTICS INC  
PO BOX 6270  
MOORE, OK 73153

CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) RENEWAL

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

MOVE IT LOGISTICS INC  
PO BOX 6270  
MOORE, OK 73153  
MC- 632035

This Alpha Code will apply only to the company name shown above through June 30, 2016. **Approximately two months prior to expiration of this SCAC, NMFTA will provide an invoice for renewal which must be promptly returned together with payment to ensure its continued validity.** Should the company name or address change, please notify the National Motor Freight Association, Inc. at the address below.

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.

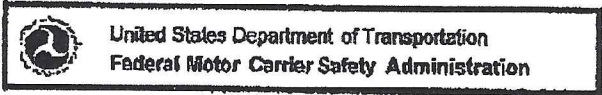
If you participate in the Bureau of Customs and Border Protection (BCBP) automated programs (ACE, AMS, CAFES, FAST, PAPS), your SCAC and related company information has been sent to BCBP electronically and is updated on a nightly basis. If you have encountered a problem using your SCAC with BCBP, or a copy this letter has been requested by BCBP, only then should you forward the requested information (email preferred as a PDF or TIF attachment) to the following address:

CBP SCAC Processing  
Bureau of Customs and Border Protection  
8444 Terminal Road, Beauregard (A-105.5)  
Lorton, VA 22079  
AMS.SCAC@DHS.GOV

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



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 2126-0017. 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, Washington, D.C. 20590.



Broker's or Freight Forwarder's Trust Fund Agreement under 49 U.S.C, 13906 or Notice of Cancellation of the Agreement

FORM BMC-85

Filer FMCSA Account Number: 22512

License No. MC-632035

KNOW ALL MEN BY THESE PRESENTS, that we, Move it Logistics Inc. (Name of Broker or Freight Forwarder) of PO Box 6270 (Street) Moore (City) OK (State) 73153 (Zip) as TRUSTOR (hereinafter called Trustor), and Pacific Financial Association, Inc. (Name of Trustee) a financial institution created and existing under the laws of the State of California (State) as TRUSTEE (hereinafter called Trustee)

hold and firmly bind ourselves and our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Trustor is or intends to become either a Broker or a Freight Forwarder pursuant to the provisions of the Title 49 U.S.C. 13904, and the rules and regulations of the Federal Motor Carrier Safety Administration (FMCSA) relating to insurance or other security for the protection of motor carriers and shippers, and has elected to file with the Federal Motor Carrier Safety Administration such a Trust Fund Agreement as will ensure financial responsibility and the supplying of transportation subject to the ICC Termination Act of 1995 in accordance with contracts, agreements, or arrangements therefor, and

WHEREAS, this Trust Fund Agreement is written to assure compliance by the Trustor as either a licensed Broker or a licensed Freight Forwarder of Transportation by motor vehicle with 49 U.S.C 13906(b), and the rules and regulations of the Federal Motor Carrier Safety Administration, relating to insurance or other security for the protection of motor carriers or shippers, and shall inure to the benefit of any and all motor carriers or shippers to whom the Trustor may be legally liable for any of the damages herein described.

NOW, THEREFORE, the trustor and trustee, to accomplish the above, agree as follows:

- 1. Trustee agrees that payments made pursuant to the security provided herein to shippers and motor carriers pursuant to this Agreement will be made exclusively and directly to shippers or motor carriers that are parties to contracts, agreements or arrangements with Trustor.
2. Trustee agrees that the protection afforded to shippers and motor carriers hereby will continue until any and all claims made by shippers or motor carriers for which Trustor may be legally liable have been settled or until the funds deposited by Trustor pursuant to this Agreement have been exhausted, whichever comes first.
3. The parties hereto acknowledge and certify that said Trustee shall exclusively manage the security and trust fund, as herein set forth, and shall have legal title to the security and trust fund, pursuant to the terms and conditions as set forth in this agreement. Further, the parties hereto, and the said Trustee, as evidenced by their signatures to this agreement, acknowledge and certify that (a) said Trustee, neither has nor expects to have any interest, financial, proprietary, or otherwise, whatsoever, in Trustor; and (b) said Trustor, neither has nor expects to have any interest, financial, proprietary, or otherwise, whatsoever, in Trustee.
4. Trustee acknowledges the receipt of the sum of Seventy Five Thousand Dollars (\$75,000) for a Broker or Freight Forwarder, to be held in trust under the terms and conditions set forth herein.
5. Trustee may, within its sole discretion, invest the funds comprising the corpus of this trust fund consistent with its fiduciary obligation under applicable law.
6. Trustee shall pay, up to a limit of Seventy Five Thousand Dollars (\$75,000) for a Broker or Freight Forwarder, directly to a shipper or motor carrier any sum or sums which Trustee, in good faith, determines that the Trustor has failed to pay and would be held legally liable by reason of Trustor's failure to perform faithfully its contracts, agreements, or arrangements for transportation by authorized motor carriers, made by Trust or while this agreement is in effect, regardless of the financial responsibility or lack thereof, or the solvency or bankruptcy, of Trustor.



- 7. In the event that the trust fund is drawn upon and the corpus of the trust fund is a sum less than Seventy Five Thousand Dollars (\$75,000) Brokers or Freight Forwarders, Trustor shall, within thirty (30) days, replenish the trust fund up to Seventy Five Thousand Dollars (\$75,000) Brokers or Freight Forwarders by paying to the Trustee a sum equal to the difference between the existing corpus of the trust fund and Seventy Five Thousand Dollars (\$75,000) Brokers or Freight Forwarders.
- 8. Trustee shall immediately give written notice to the FMCSA of all lawsuits filed, judgments rendered, and payments made under this trust agreement and of any failure by Trustor to replenish the trust fund as required herein.
- 9. This agreement may be canceled at any time upon thirty (30) days written notice by the Trustee or Trustor to the FMCSA on the form printed at the bottom of this agreement. The thirty (30) day notice period shall commence upon actual receipt of a copy of the trust fund agreement with the completed notice of cancellation at the FMCSA's Washington, DC office. The Trustee and/or Trustor specifically agrees to file such written notice of cancellation.
- 10. All sums due the Trustee as a result, directly or indirectly, of the administration of the trust fund under this agreement shall be billed directly to Trustor and in no event shall said sums be paid from the corpus of the trust fund herein established.
- 11. Trustee shall maintain a record of all financial transactions concerning the Fund, which will be available to Trustor upon request and reasonable notice and to the FMCSA upon request.
- 12. This agreement shall be governed by the laws in the State of Arizona, to the extent not inconsistent with the rules and regulations of the FMCSA.

This trust fund agreement is effective the 1 day of October, 2013, 12:01 a.m., standard time at the address of the Trustor as stated herein and shall continue in force until terminated as herein provided.

Trustee shall not be liable for payments of any of the damages hereinbefore described which arise as the result of any contracts, agreements, undertakings, or arrangements made by the Trustor for the supplying of transportation after the cancellation of this Agreement, as herein provided, but such cancellation shall not affect the liability of the Trustee for the payment of any such damages arising as the result of contracts, agreements, or arrangements made by the Trustor for the supplying of transportation prior to the date such cancellation becomes effective.

IN WITNESS WHEREOF, the said Principal and Surety have executed this instrument on the 1 day of October, 2013.

**TRUSTOR**

Move It Logistics Inc.  
COMPANY NAME

PO Box 6270 Moore  
STREET ADDRESS CITY

OK 73153 (888) 860-3330  
STATE ZIP CODE TELEPHONE NUMBER

Bryan Johnson, President  
(type or print Principal officer's name and title)

[Signature]  
(Principal officer's signature)

Christy Phelps  
(type or print witness's name)

[Signature]  
(witness's signature)

**TRUSTEE**

Pacific Financial Association, Inc.  
COMPANY NAME

12707 High Bluff Dr. Ste. 200 San Diego  
STREET ADDRESS CITY

CA 92130 (800) 595-2615  
STATE ZIP CODE TELEPHONE NUMBER

Daniel J. Larson, President  
(type or print Principal officer's name and title)

[Signature]  
(Principal officer's signature)

Lisa Baker  
(type or print witness's name)

[Signature]  
(witness's signature)

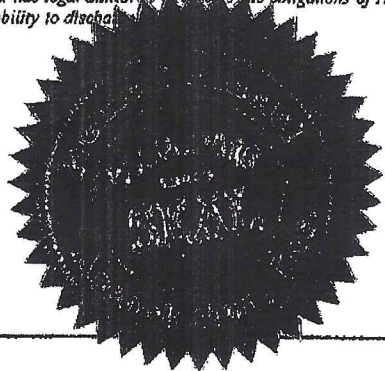
**NOTICE OF CANCELLATION**

This is to advise that the above Trust Fund Agreement executed on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ is hereby cancelled as security in compliance with the FMCSA security requirements under 49 U.S.C. 13908(b) and 49 CFR 387.307, effective as of the \_\_\_\_\_ day of \_\_\_\_\_, 12:01 a.m. standard time at the address of the trustor, provided such date is not less than thirty (30) days after the actual receipt of this notice by the FMCSA.

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Authorized Representative of Trustee or Trustor

Only financial institutions as defined under 49 CFR 387.307(e) may qualify to act as Trustee. Trustee, by the above signature, certifies that it is a financial institution and has legal authority to assume the obligations of Trustee and the financial ability to discharge them.





## 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 shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
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

**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:

- 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).

**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 ▶

### General Instructions

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

#### 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.

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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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.

**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.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity.