



Stutsman Logistics, Inc.
645 32nd Ave SW
Studio B
Cedar Rapids, IA 52404

Phone: 319-679-5294
Fax: 888-613-7095
Web: stutsmans.com

We at Stutsman Logistics, Inc., would like to thank you for taking the time to view our company's information.

Stutsman Logistics, Inc. was founded with the same beliefs that have made the Stutsman name synonymous with great service. Our dedication to high quality, dependability, and timely freight management sets us apart from our competitors. Our highly trained and motivated team has over 100 years of combined experience to call upon, backed by the strong fleet, financial stability and forward thinking management of the Eldon C. Stutsman, Inc. brand of businesses.

We handle: Truckload Freight, LTL Freight, Flatbed Freight, Heavy-Haul Trucking, Intermodal Shipments, International Freight, California Freight, New York Freight, and Regional Trucking.

We invite you to experience the Stutsman difference. We take great pride in our ability to build lasting relationships as we meet our customer's domestic or international shipping needs.

Please feel free to contact:

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Stutsman Logistics, Inc. is a wholly-owned subsidiary of Stutsman Holdings, Inc. and a sister company to Eldon C. Stutsman Inc. located in Hills, IA. Eldon C. Stutsman Inc. has been in business for over 80 years!

Account Number: _____

Account Type: _____

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CREDIT APPLICATION

Customer warrants that the following information is accurate and complete: (Please attach additional sheets as needed)			
Name of Customer (Legal Name):		FEIN/SSN:	
DBA Name of Business:			
Mailing Address:	City:	State:	Zip:
Shipping Address:	City:	State:	Zip:
Phone Number:		Fax Number:	
Contact Person – Position:		DUNS #:	
E-mail Address:			
Important: Attach most recent financial statement if credit limit requested is \$50,000 or more, or if in business less than 2 years.			
Date Business Commenced:		Annual Sales:	Limit Requested:
Please Check One:			
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other: _____			
Sales Tax Exemption: Customer will be charged the applicable sales tax on all purchases unless Customer submits a valid resale certificate or other proof of exemption on this form.			
Sales Tax I.D. #: _____			
Farm Plan Account #:			
Pesticide Applicators License # and expiration date:			
Has this business or any principals ever been involved in bankruptcy or any other insolvency proceedings?			
<input type="checkbox"/> Yes (If yes, please attach a letter with explanation) <input type="checkbox"/> No			

Account Number: _____

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<u>Names of Principals</u>	<u>Title</u>	<u>Social Security Number</u>	<u>Address</u>	<u>City/State</u>

Banking			
(Important! Fax number and area code will accelerate application processing)			
Name of Account Holder:	Account Number:	Bank Officer:	
Name of Account Holder:	Line of Credit Account Number:	Bank Officer:	
Bank Name:	Phone Number:	Fax Number:	
Mailing Address:	City:	State:	Zip:

Trade References			
(Important! Fax number and area code will accelerate application processing)			
<u>Name</u>	<u>Address</u>	<u>Phone Number</u>	<u>Fax Number</u>
1.			
2.			
3.			

Account Number: _____

Account Type: _____



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Terms and Conditions:

For the purpose of establishing a line of credit with Stutsman Logistics, Inc., I certify that all of the information on this form and all other information now or hereafter submitted in connection with this request for credit, including any and all financial statements is correct. I authorize them to obtain credit information from my bank and any other available references. Payment terms are net 10 and I agree to pay a late charge of 1 ½% per month or the highest legal rate, whichever is less if not paid within the terms. I also agree to pay all costs of collection, including reasonable attorney fees incurred by or on behalf of Stutsman Logistics, Inc. Stutsman Logistics, Inc. reserves the right to deny or alter credit terms at any time.

Legal Name of Customer

Officer, Owner or Authorized Agent Signature

Print Name of Person Signing

Title

Date

Account Number: _____

Account Type: _____



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Personal Guarantee:

The undersigned ("Guarantor") having an interest (direct or indirect) in Company, in consideration of Stutsman Logistics, Inc., extending credit to Company, hereby unconditionally and irrevocably guaranties prompt payment when due of all amounts arising or incurred from the date hereof and owed by Company to Stutsman Logistics, Inc. (the "Indebtedness").

Guarantor hereby further waives the right to require Stutsman Logistics, Inc. to proceed against Company or any other party and waives the right to require Stutsman Logistics, Inc. to pursue any other remedy for the benefit of Guarantor and agrees that Stutsman Logistics, Inc. may proceed against Guarantor on this guaranty without taking any action against the Company or any other party and without proceeding against or applying any security it may hold. Guarantor further waives notice of acceptance of the guaranty and consents to all changes of terms, extensions of credit, and any extensions or forbearance by Stutsman Logistics, Inc. Notwithstanding the foregoing, Stutsman Logistics, Inc., by its acceptance hereof, hereby agrees that it will not take any action to collect on this Guaranty until it has first given at least thirty (30) days prior written notice to Guarantor. Guarantor agrees to pay Stutsman Logistics, Inc. reasonable attorney fees and all other costs and expenses that may be incurred by Stutsman Logistics, Inc. in enforcement of the guaranty.

Guarantor hereby consents to Stutsman Logistics, Inc., use of consumer credit reports on the Guarantor in order to further evaluate the creditworthiness of the Guarantor as a principal, proprietor and/or Guarantor in connection with the extension of credit to Company. Guarantor hereby authorizes Stutsman Logistics, Inc. to utilize a consumer credit report on the Guarantor from time to time in connection with the extension or continuation of credit extended to Company. Guarantor, as an individual, hereby knowingly consents to the use of such credit reports consistent with the Federal Fair Credit Reporting act as contained in 15 USC § 1681 et seq.

Legal Name of Customer

Officer, Owner or Authorized Agent Signature

Print Name of Person Signing

Title

Date

Salesman _____

Credit Limit _____ Credit Manager Signature _____

Customer Type _____

**Request for Taxpayer
 Identification Number and Certification**

Give Form to the requester. Do not send to the IRS.

Name (as shown on your income tax return)
STUTSMAN LOGISTICS, INC.

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
 Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

Other (see instructions) ▶

Address (number, street, and apt. or suite no.)
PO BOX 111 (121 LASSIE ST)

City, state, and ZIP code
HILLS, IA 52235

List account number(s) here (optional)

Requester's name and address (optional)

Print or type
See Specific Instructions on page 2.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line 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

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

Employer identification number

4	6	-	1	1	3	3	7	2	9
---	---	---	---	---	---	---	---	---	---

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 ▶ 11/9/12

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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/20/2017

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 Holmes Murphy & Assoc - CR 201 First Street SE, Suite 700 Cedar Rapids, IA 52401	1-800-300-0325	CONTACT NAME: PHONE (A/C, No. Ext): E-MAIL ADDRESS:	FAX (A/C, No):
INSURED Stutsman Logistics Inc. 645 32nd Ave SW Suite B Cedar Rapids, IA 52404		INSURER(S) AFFORDING COVERAGE	
		INSURER A: FARMLAND MUT INS CO	NAIC # 13838
		INSURER B: UNDERWRITERS AT LLOYDS LONDON	15792
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 51173429

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 <input checked="" type="checkbox"/> BI/PD Ded: \$1,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			CPP134896A	10/17/17	10/17/18	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<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"/> Contingent			B1132HG17HAN0415	10/17/17	10/17/18	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Deductible \$ 5,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<input checked="" type="checkbox"/> 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"/> Y	N/A	WCC134896A	10/17/17	10/17/18	<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
A	<input checked="" type="checkbox"/> Contingent Cargo			IMC134896A	10/17/17	10/17/18	200,000 Deductible 1,000

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

CERTIFICATE HOLDER**CANCELLATION**

To Whom it May Concern	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

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ACORD 25 (2016/03)

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