



## Carrier Setup Checklist

- Carrier Information Sheet
- Carrier Agreement (Initial each page and have Owner/Manager sign)
  - Quick Pay Opt-In Form (Optional)
  - Copy of ICC Operating Authority
    - Signed and Dated W-9
- Insurance Certificate with Reddz Global Logistics, LLC as Certificate Holder

**THIS PAGE DOES NOT NEED TO BE RETURNED**

Phone: (316)771-1167

Email: [info@reddzglobal.com](mailto:info@reddzglobal.com)



## Carrier Information Sheet

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Fed ID # \_\_\_\_\_ SCAC# (If applicable) \_\_\_\_\_

### Contact Information:

	Dispatch	Accounts Receivable
<b>Name</b>		
<b>Phone</b>		
<b>Fax</b>		
<b>Email</b>		

Do you use a factoring company (Y/N): \_\_\_\_

Factoring Co. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Account Rep: \_\_\_\_\_

Tractors:		Reefers:		Beer:(Y/N)	
Vans:		Flats:		Wine:(Y/N)	
Teams:		Drop Deck:		Hazmat:(Y/N)	

### STATES THAT YOU SERVICE

ORIGIN STATES	DESTINATION STATES

# REDDZ GLOBAL LOGISTICS, LLC

## Broker Carrier Agreement

This agreement made this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, shall govern the services provided by, \_\_\_\_\_, a licensed motor carrier pursuant to Docket No. MC# \_\_\_\_\_ (herein referred to as Carrier) and **Reddz Global Logistics, LLC**, (herein referred to as Broker), a licensed broker of property authorized by the Federal Highway Administration, pursuant to Docket No. MC#1220309.

1. BROKER is an agent authorized by its customers to negotiate and arrange for transportation of their shipments in interstate commerce.

1.1 INDEPENDENT CONTRACTOR. Carrier understands and agrees that Carrier is an independent contractor of Broker, and that Carrier has exclusive control and direction of the work Carrier performs pursuant to this agreement and each Transportation Schedule. Carrier agrees to assume full responsibility for the payment of all local, state, federal and intra-provincial payroll taxes, and contributions or taxes for unemployment insurance, worker's compensation insurance, pensions, and other social security or related protection with respect to the persons engaged by Carrier for Carrier's performance of the transportation and related services in a Transportation Schedule, and Carrier shall indemnify, defend and hold Broker, and its Customer harmless there from. Carrier shall provide Broker, with Carrier's Federal Tax ID number and a copy of Carrier's IRS Form W-9 prior to commencing any transportation or related services for Broker, under this Agreement.

2. CARRIER shall transport a series of interstate shipments arranged by Broker pursuant to carrier load confirmation agreement(s) included herewith or subsequently incorporated by reference.

2.1 CARRIER agrees to not solicit any customer of Broker, either directly or indirectly. As liquidated damages, Carrier agrees to pay back a ten percent (10%) commission on all traffic handled by customers first introduced to Carrier by Broker for a period of one (1) year following cancellation of this Agreement.

3. BROKER shall pay Carrier for services rendered in an amount equal to the rates and accessorial charges agreed to on the load rate confirmation sheet or other signed writing. Carrier must submit proof of delivery with invoices to Broker as agent for the shipper. Payment terms shall be thirty (30) days from receipt.

3.1 CARRIER agrees that BROKER is the sole party responsible for payment of CARRIER'S invoices and that, under no circumstance, will CARRIER seek payment from the shipper or consignee.

4. CARRIER warrants to Broker (and its shipper's principals) that it meets the following criteria: (a) Carrier shall maintain cargo insurance in the amount of not less than (\$100,000.00) per shipment; (b) carrier shall maintain public liability insurance in the amount of not less than that (\$1,000,000) as required by federal regulation (BMC-91 on file); (c) Carrier shall maintain workers compensation insurance as required by state law; (d) Carrier shall agree to provide certificates of insurance upon request; (e) Carrier shall maintain satisfactory U.S. DOT safety ratings and is otherwise authorized to provide the proposed services; and (f) Carrier shall be in compliance with all applicable laws.

4.1 Any insurance coverage is required by any government body for the types of transportation and related services specified in a transportation schedule. All insurance required by this agreement or a Transportation Schedule must be written by an insurance company having a Best's rating of "B+" or better and must be authorized to do business under the laws of the state(s) or province(s) in which Carrier provides the transportation and related services under all of the Transportation Schedules. Carrier's insurance shall be primary and required to respond and pay prior to any other available coverage. Carrier agrees that Carrier, Carrier's insurer(s), and anyone claiming by, through or under Carrier shall have no claim, right of action, or right of subrogation against Broker or its Customer based on any loss or liability insured under the foregoing insurance. Carrier shall, prior to providing transportation and related services pursuant to this Agreement, name Broker, as a certificate holder on each of the foregoing insurance policies and shall cause its insurance company to issue a certificate to Broker, evidencing the foregoing coverage. Carrier represents and warrants

that it will continuously fulfill the requirements of this Section throughout the duration of this Agreement. Broker, shall be notified in writing by Carrier's insurance company at least thirty (30) days prior to the cancellation, change or non-renewal of the submitted insurance policies.

5. GOVERNING RULES. The following rules shall apply: (a) The terms of the uniform straight bill of lading; (b) Standard claims rules otherwise applicable to common carriers (49 C.F.R. Section 370 and carrier's rules tariffs); (c) Cargo claims liability as set forth in the Carmack Amendment (49 U.S.C. Section 14706); (d) Destination market value for lost or damaged cargo, no special or consequential damages unless by special agreement; (e) Claims will be filed with Carrier by Shipper; and (f) Broker's customer is a third-party beneficiary of this Agreement.

6. SHIPPING DOCUMENT EXECUTION. Carriers are to be named on the bill of lading as the Carrier of Record. Broker shall be shown as the third-party payer of all freight charges.

7. INDEMNIFICATION. Carrier agrees to indemnify and hold Broker and its customers harmless from any claims or loss resulting out of any act of omission of Carrier, its employees or agents in the performance of this Agreement or the services provided hereunder.

8. CARRIER'S CARGO LIABILITY. Carrier assumes liability as a common carrier for loss, damage to or destruction of any and all of Customer's goods or property while under Carrier's care, custody or control. Carrier shall inspect each load at the time it is tendered to Carrier to assure its condition. If Carrier is tendered a load which is not in suitable condition, it shall notify Broker, immediately. Cargo which has been tendered to Carrier intact and released by Carrier in a damaged condition, or lost or destroyed subsequent to such tender to Carrier, shall be conclusively presumed to have been lost, damaged or destroyed by Carrier unless Carrier can establish otherwise by clear and convincing evidence. Carrier shall either pay Broker directly or allow Broker to deduct from the amount Broker owes Carrier, Customer's full actual loss of all claims that are not resolved within ninety (90) days of the date of the claim. Carrier agrees to indemnify Broker for any payments made hereunder.

8.1 SALVAGE CLAIMS. Carrier shall waive any and all right of salvage or resale of any of Customer's damaged goods and shall, at Brokers reasonable request and direction, promptly return or dispose, at Carrier's cost, any and all of Customer's damaged and overage goods shipped by Carrier under a Transportation Schedule. Carrier shall not under any circumstances allow Customer's goods to be sold or made available for sale or otherwise disposed of in any salvage markets, employee stores, or any other secondary outlets. In the event that damaged goods are returned to Customer and salvaged by Customer, Carrier shall receive a credit for the actual salvage value of such goods.

9. LAW AND INTEGRATION. This written Agreement, together with any load confirmation, contains the entire agreement between the parties and may only be modified by signed written agreement. State law, venue and jurisdiction shall apply in the state of Kansas.

10. SAVINGS CLAUSE. If any provision of this Agreement or any Transportation Schedule is held to be invalid, the remainder of the Agreement or the Transportation Schedule shall remain in full force and effect with the offensive term or condition being stricken to the extent necessary to comply with any conflicting law.

11. This agreement shall be for the period of one (1) year and shall be automatically renewed unless cancelled. Either party may terminate this Agreement upon fifteen (15) days written notice.

Reddz Global Logistics, LLC ("Broker"):

By: \_\_\_\_\_  
*Reddz Global Logistics, LLC.*

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

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

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



## REDDZ GLOBAL LOGISTICS, LLC

### Quick Pay Option

#### How does Quick Pay work?

Reddz Global Logistics, LLC offers a Quick Pay option for 3.5% giving you the choice of same-day payment upon receipt of the required documents. Payment is in the form of direct deposit and carriers are paid the balance of the gross amount owed to them.

*Quick Pay Option Invoices must be submitted by 12 noon EST for SAME DAY pay. \*\*See Schedule Attached\*\**

#### What documentation do I need to provide to Reddz Global Logistics?

You will need to provide us with the following documents:

- ✓ Legible proof of delivery (All signed POD's)
- ✓ Carrier invoice showing the adjusted amount.
- ✓ Signed rate confirmation from Reddz Global Logistics.

Email the documents to [info@reddzglobal.com](mailto:info@reddzglobal.com)

Signature: \_\_\_\_\_ MC#: \_\_\_\_\_ Date: \_\_\_\_\_



## Direct Deposit Authorization

Direct deposit is the safest, fastest and most cost-efficient method to receive your payment. In addition, you no longer have to worry about your check being late, lost or stolen. Reddz Global Logistics offers our carriers convenience and ease with direct deposit. Sign and complete this form to authorize Reddz Global Logistics to deposit payments into your checking or savings account. Return completed form with your carrier packet.

Company Name: \_\_\_\_\_

Email (required for receipt of deposit): \_\_\_\_\_

Phone Number: \_\_\_\_\_

MC#: \_\_\_\_\_

Account Type: Checking  Savings

Name on Acct: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Bank Routing #: \_\_\_\_\_ Bank City/State: \_\_\_\_\_

\*\*\*Please include a copy of voided check\*\*\*



Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby authorize Reddz Global Logistics, LLC to initiate entries to my checking/savings account at the financial institution listed above and, if necessary, initiate adjustments for any transactions. This authorization will remain in effect until I modify or cancel it in writing, giving Reddz Global Logistics a reasonable opportunity to act on the request.

Email back to: [info@reddzglobal.com](mailto:info@reddzglobal.com)



## Quick Pay Daily Funding Times

Uploading Times vs funding Times

*\*Subject to verification and complete paperwork\**

	<b>Before 12 pm EST</b>	<b>After 12pm EST</b>
MONDAY	Tuesday	Wednesday
TUESDAY	Wednesday	Thursday
WEDNESDAY	Thursday	Friday
THURSDAY	Friday	Monday
FRIDAY	Monday	Tuesday



Re: Reddz Global Logistics, LLC Carrier Compliance

Valued Carrier,

Please note that we will be requesting to be listed as Certificate Holder so that we are able to properly monitor any changes to your insurance policy.

Please forward this request to your insurance company.

Insurance Company: \_\_\_\_\_

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

Insured Name: \_\_\_\_\_

Please list the following as a certificate holder for the above insured.

**Certificate Holder Information**

Reddz Global Logistics, LLC  
1109 S Glendale, Suite 100  
Wichita, KS 67218

**Send Certificate to:**

**[info@reddzglobal.com](mailto:info@reddzglobal.com)**



# Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

Print or type.  
See Specific Instructions on page 3.

<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.				
<b>2</b> Business name/disregarded entity name, if different from above				
<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.		<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):		
<input type="checkbox"/> Individual/sole proprietor or single-member LLC	<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust/estate
<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____		Exempt payee code (if any) _____		
<input type="checkbox"/> Other (see instructions) ► _____		Exemption from FATCA reporting code (if any) _____		
<b>5</b> Address (number, street, and apt. or suite no.) See instructions.		Requester's name and address (optional)		
<b>6</b> City, state, and ZIP code				
<b>7</b> 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 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			

## 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 ►

Date ►

## 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](http://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.



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

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

**SERVICE DATE**  
**June 09, 2021**

**LICENSE**

**MC-1220309-B**

U.S. DOT No. 3596849  
REDDZ GLOBAL LOGISTICS LLC  
BEL AIRE, KS

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



**Physical Address:**

1109 S Glendale, Suite 100

Wichita, KS 67218

**Phone Number:**

316-771-1167

Email: [info@reddzglobal.com](mailto:info@reddzglobal.com)

MC#1220309    DOT#3596849    TIN#86-2497265

**Owners:**

Tara Coppage-Beadles

Sabrina Juancito