

**Mailing Address: Integrity Freight & Logistics, LLC  
902 7<sup>th</sup> St  
Harlan, IA 51537**

**FEIN# 27-2804245 MOTOR CARRIER AUTHORITY# 716175-B DOT# 2246914**

**Phone: 712-733-9670 Fax Line: 712-733-3241**

**Dave Brammann Owner/Broker E-Mail: [dave@integrityfreight.com](mailto:dave@integrityfreight.com)**

**Susan Brammann Business Manager E-Mail: [susan@integrityfreight.com](mailto:susan@integrityfreight.com)**

**Jone Armentrout Office Manager E-Mail: [jone@integrityfreight.com](mailto:jone@integrityfreight.com)**

**Integrity Freight & Logistics, LLC  
Odebolt, IA**

**Justin Mason Broker Agent E-Mail: [justin@integrityfreight.com](mailto:justin@integrityfreight.com)**

**Phone: 712-668-4420**

**REQUIRED DOCUMENTS**

New Carrier set up contact information  MOTOR CARRIER AUTHORITY  W-9

BROKER / CARRIER AGREEMENT (AND/OR)  BROKER / BROKER AGREEMENT

Cargo, Auto Liability Insurance (Acord Certificate—from your Insurance Company)

**Listing: INTEGRITY FREIGHT & LOGISTICS, LLC as a "Certificate Holder"  
902 7<sup>th</sup> ST  
Harlan, IA 51537**

**OPTIONAL DOCUMENT**

CARRIER QUICK PAY AUTHORIZATION – SAME DAY PAY OPTION 4.0% FEE

**Integrty Freight & Logistics, LLC**

**902 7<sup>th</sup> St**

**Harlan, la 51537**

**NEW CARRIER SET UP CONTACT INFORMATION**

**Carrier Name:** \_\_\_\_\_

**Physical Address:**

**Street** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Mailing Address:**

**Street** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Main Phone Number** \_\_\_\_\_

**After hour Emergency PH Number:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

<b>Contact Name/s:</b>	<b>Phone</b>	<b>E-mail</b>
_____	_____	_____
_____	_____	_____

**Motor Carrier Authority #** \_\_\_\_\_

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

**F.E.I.N. #** \_\_\_\_\_

# Carrier / Broker Agreement

THIS AGREEMENT entered into this \_\_\_ day of \_\_\_\_\_, 20\_\_ between INTEGRITY FREIGHT & LOGISTICS, LLC 902 7th ST HARLAN, IA 51537 As "Broker."  
and \_\_\_\_\_, hereinafter referred to as "Carrier."

## RECITALS:

A. Broker is duly authorized to engage in the arrangement of transportation as a Broker, and desires to engage Carrier from time to time to transport certain commodities. For purposes of this Agreement, each engagement is referred to herein as a "Shipment."

B. Carrier is duly authorized to engage in shipments as a contract carrier of commodities, and desires to haul Shipments as requested by Broker.

C. The Parties desire to enter into the Agreement, which Agreement shall govern any contract between the parties with respect to a Shipment.

## AGREEMENT:

1. **Transportation of Commodities.** Broker agrees to engage Carrier from time to time for the purpose of hauling commodities as a contract carrier. Carrier agrees to haul such commodities as requested by Broker. The terms of this Agreement shall control any shipment tendered to and accepted by Carrier. Broker agrees to offer the shipment and Carrier agrees to transport in its own equipment a series of Shipments on a continuing basis consisting of at least one (1) Shipment during the life of this agreement.

2. **Term.** This Agreement shall become effective on the date hereof, and shall remain in effect for a period of one (1) year from such date, and from year to year thereafter, subject to the right of either party hereto to cancel or terminate this Agreement at any time upon fifteen (15) days notice to the other.

3. **Obligations of Carrier.** Carrier agrees, with respect to each such Shipment:

a. That Carrier now has, and shall at all time have, all necessary permits and licenses to transport the Shipment as required.

b. That Carrier will Provide Liability insurance in a combined single limit of not less than ONE MILLION DOLLARS(1,000,000.00) per occurrence and an amount of not less than TWENTY FIVE THOUSAND DOLLARS (\$25,000.00) for damage to freight in any single loss, or all insurance required by all applicable laws, rules, or regulations, whichever is greater. Carrier will, upon request, furnish Broker with certificates of all such insurance. All such insurance shall name Broker as an additional insured.

c. That Carrier will furnish all equipment required for the performance of its services and will maintain all such equipment in good repair and condition.

d. That Carrier will employ and be solely responsible for all personnel employed with respect to any Shipment and will be solely responsible for each such employee's licensing and competence.

e. That Carrier will not cause or permit any Shipment to be transported by any other motor carrier or any other substitute mode of transportation.

f. That Carrier will be responsible to comply with all applicable state and federal regulations, including those of the Interstate Commerce Commission ("ICC") and Department of Transportation ("DOT").

**g. That Carrier shall be responsible for all Shipments while in transit and shall hold Broker harmless from and indemnify Broker against any claims of liability resulting from loss or damage to any freight transported by Carrier or to any claim for injury or damages resulting from the transportation of a Shipment, including all reasonable attorneys' fees and costs of defense. Carrier shall be liable for full loss resulting from loss, damage, injury or delay on shipments transported under the terms of this agreement. Full actual loss is the replacement cost of freight tendered to the carrier for transport. All claims for loss and damage shall be handled and processed in accordance with regulations published in the Code of Federal Regulations at 49 CFR Part 370. The terms, conditions or provisions of the governing bill of lading or any other shipping form, tariff or rule utilized shall be subject and subordinate to the terms of this agreement and, in the event of a conflict, this agreement shall govern. This contract cannot be changed, modified, limited or supplemented by reference to any carrier rates, rules, classification, practice, schedule or tariff.**

**h. That Carrier shall not claim, and hereby waives any right to claim, and lien in any Shipment.**

**4. Rates, Charges, and Payment. Broker agrees to pay Carrier for transportation under this Agreement in accordance with the previously negotiated Rates and Charges. Broker agrees to pay Carrier within 30 days of receipt of Carrier's freight bill with attached original Bill of Lading as proof of delivery. Even though Carrier may hold authority from the ICC to operate as a common carrier and Carrier's rates and tariffs filed with the ICC shall not under any circumstances be applicable to any Shipment transported on behalf of Broker.**

**5. Representations.**

**a. Broker hereby represents that it is duly authorized to operate as a broker under ICC License No. MC-716175 and that Broker shall be duly licensed at any time it requests Carrier to transport a Shipment under the terms of this Agreement.**

**b. Carrier represents that it is duly authorized to engage as a contract carrier under ICC Permit No. MC-\_\_\_\_\_ and that it shall be duly licensed at the time of each Shipment.**

**c. Carrier shall not solicit traffic from any shipper, consignor, consignee or customer of Broker where (1) the availability of such traffic first became known to Carrier as a result of the Broker's efforts, or (2) where the traffic of the shipper, consignor, consignee or customer of the Broker was first tendered to the Carrier by the Broker. If Carrier breaches this agreement and "back-solicits" the brokers customers, and obtains traffic from such a customer, the Broker then is entitled, for a period of 15 months after the involved traffic first begins to move, to a commission from the carrier of 10% of the transportation revenue received on the movement of the traffic.**

**6. Miscellaneous.**

**a. In the event of any conflict between this Agreement and any other document, the terms and conditions of this Agreement shall control.**

**b. In the event any clause or provision in this Agreement is declared to be unenforceable, the remainder of this Agreement shall remain in full force and effect as between the parties.**

**c. This Agreement shall be executed by the Broker in the State of IOWA and shall be construed under the internal laws of the State of IOWA.**

**d. This Agreement may be executed in counterparts, and a signed facsimile of this Agreement shall be considered an original for all purposes.**

**e. For all purposes of this Agreement, Carrier is an independent contractor, and has no authority to act for Broker as an agent for any purposes.**

**f. Carrier authorizes Integrity Freight & Logistics, LLC. to invoice Shipper, receiver, consignor or Consignee for freight charges as agent for and on behalf of Carrier. Payment of the freight charges to Integrity Freight & Logistics, LLC. shall relieve Shipper, receiver, consignor or consignee of any liability to the carrier for non-payment of charges.**

**This Agreement shall be governed by Title 49 of the United States Code and Title 49 of the Code of**

**Federal Regulations.**

**IN WITNESS WHEREOF**

The parties have set their hands and seal this \_\_\_ day of \_\_\_\_\_, 20\_\_.

Carrier: \_\_\_\_\_ Broker: Integrity Freight & Logistics, LLC.  
902 7<sup>th</sup> St.  
Harlan, IA 51537

Signature \_\_\_\_\_ Signatory 

Print \_\_\_\_\_ Print: David Brammann  
Title \_\_\_\_\_ Title: President

(Please enter MC# \_\_\_\_\_ ON PAGE 2, SECTION 5.-b. of this agreement.)

# Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
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.	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) _____  <small>(Applies to accounts maintained outside the U.S.)</small>
<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) ▶ _____ <small>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.</small>	
<input type="checkbox"/> Other (see instructions) ▶ _____	
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

<b>Part I Taxpayer Identification Number (TIN)</b>																																																			
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 <i>How to get a TIN</i> , later.																																																			
Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center; padding: 2px;">Social security number</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="10" style="text-align: center; padding: 2px;">OR</td> </tr> <tr> <td colspan="10" style="text-align: center; padding: 2px;">Employer identification number</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	Social security number																				OR										Employer identification number																			
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<b>Part II Certification</b>	
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. citizen or other U.S. person (defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
<b>Certification instructions.</b> 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.	

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## 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.*

**Integrity Freight & Logistics, LLC**

**902 7<sup>th</sup> St**

**Harlan, la 51537**

**Office Ph: 712-733-9670 Fax: 712-733-3241**

**Carrier Quick Pay Authorization**

- 1. Integrity Freight & Logistics now offers carrier settlement Quick Pay Option. Mail in the original paperwork for the load(s) and mark in bold "Quick Pay" on your invoice.**
- 2. We will process and pay your invoice(s) the same day we receive them for a 4% fee, which we will deduct from your settlement check.**
- 3. The check will be sent to you in the same day.**

**Fee is based on and is in addition to your settlement based on Rate Confirmation.**

**\_\_\_ SAME DAY Pay Option 4.0% Fee**

**I hereby authorize Integrity Freight & Logistics, LLC to withhold an additional Fee per above checked Settlement option, on the following Pay Numbers as referred to on the RATE CONFIRMATION(s)**

**\_\_\_\_\_ PAY #(s) \_\_\_\_\_**

**OR**

**\_\_\_\_\_ ALL PAY #(S) FROM THIS DATE FORWARD UNTIL OTHERWISE CANCELLED**

**Carrier Invoice #(s) and Date(S) \_\_\_\_\_**

**\_\_\_\_\_ Printed Name of Carrier**

**\_\_\_\_\_ Printed Name of Authorized Signature**

**\_\_\_\_\_ Signature and Dated by Authorized Person**