



BETHEL LOGISTICS

LET'S GET IT DONE!

BETHEL LOGISTICS LLC

NEW CUSTOMER PACKET

BETHEL LOGISTICS LLC
MC# 1352805
954 889 1225
WWW.BETHELLOGISTICSLLC.COM
TAMPA-FL.



CREDIT APPLICATION & SERVICE TERMS

Business Information

Applicant/Business Name _____
(“Applicant”) Trade Name/DBA (if any) _____
Street Address _____ City _____ State _____ Zip _____ Billing
Address (if different) _____
Tel # (____) _____ - _____ Fax # (____) _____ - _____
Email _____ Website _____
TaxID/EIN _____ Duns # _____
Business Type: Corporation ☐ LLC ☐ Partnership ☐ Sole Proprietorship ☐
Date/Year of Formation ____/____ Nature of Business _____
Main Product(s) _____
Principal/Officer Names/Title _____/_____/_____
Amount of Credit Requested \$ _____

Accounts Payable Information

BETHEL LOGISTICS’ preferred method of invoicing is to email invoice to Applicant’s Accounts Payable Department/Contact. Attachments (such as bill of lading (“BOL”)) can be attached if requested.

A/P Contact _____ Email _____
Tel # (____) _____ - _____ Reference Number (if any) for Invoices _____
Additional Invoicing Instructions _____
Do you require copies of BOLs? Y ☐ N ☐
Do you wish to pay via: ACH ☐ EFT ☐ EDI ☐
Other billing requirements (if any): _____ Bank
Name _____ Acct # _____ Phone
(____) _____ - _____

BETHEL LOGISTICS LLC, Inc. - Credit Policy and Service Terms

Applicant hereby authorizes Bethel Logistics LLC, ("BL") to obtain any information and to make any inquiries that BL deems appropriate in order for BL to determine Applicant's credit worthiness and determine whether BL will extend credit to Applicant. Payments for amounts owing to BL are due within 15 days of the invoice date. BL does not provide original paperwork (Bol's, delivery receipts etc.) with invoicing; however, scanned certified copies may be provided upon request. Applicant agrees that it will not deduct or offset any amounts from any invoice or payment obligation. It is understood and agreed that BL is a property broker and not a carrier. BL Terms and Conditions and this Credit Application & Agreement supersede and prevail over any other contract or agreement pertaining to the services to be provided by BL to Applicant and cannot be modified, except in a written agreement signed by BL. The undersigned represents that he/she has read the Terms and Conditions referenced herein and all other provisions of this Credit Application and Agreement, including those set forth on page 2/reverse side hereof and warrants that all information contained herein is true and accurate.

_____	_____	_____
(Authorized Signature)	(Name)	(Title)
		_____ (Date)

Please FAX or EMAIL completed application to your Sales Representative

REMITTANCE ADDRESS: BETHEL LOGISTICS LLC. 6510 Carrington Sky Dr, Apollo Beach, FL, 33572. WIRE: Bank of America, Acct # 898104005359, ABA # 063000047.

BETHEL LOGISTICS REMIT ADDRESS

To Whom It May Concern:

This is the Remit to information for BETHEL LOGISTICS LLC. Included are the direct Address information, expedited mailing address, ACH information, Bank name and address.

BETHEL LOGISTICS ADDRESS

6307 SUNSAIL PLACE, APOLLO BEACH
FLORIDA, 33572

BANK OF AMERICA

NAME OF THE ACCOUNT: BETHEL LOGISTICS LLC
ACCOUNT NUMBER: 898104005359
ROUTING: 063000047

E-MAIL:

accounting@bethellogistics.com

PHONE NUMBER:

(954) - 889-1225



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

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

SERVICE DATE
March 01, 2022

LICENSE
MC-1352805-B
U.S. DOT No. 3780055
BETHEL LOGISTICS LLC
CORAL SPRINGS, FL

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 black ink, reading "Jeffrey L. Secrist".

Jeffrey L. Secrist, Chief
Information Technology Operations Division

BPO

ACORD <small>TM</small> CERTIFICATE OF LIABILITY INSURANCE		DATE (MMDD/YY) 03/16/23			
PRODUCER Classic Insurance Services, Inc 2005 Allor Ave. Knoxville, TN 37921 -OR- P.O. Box 6418 Knoxville, TN 37928 Phone : (865) 523-2060 Fax : (865) 522-7772		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.			
INSURED Bethel Logistics LLC 3111 N University Drive Ste. 105 Coral Springs, FL 33065		INSURERS AFFORDING COVERAGE INSURER A: Lloyd's of London INSURER B: Underwriter's at Lloyd's of London INSURER C: _____ INSURER D: _____ INSURER E: _____			
COVERAGES <small>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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.</small>					
INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	22TAP04-0183-TCB	03/18/2023	03/18/2024	EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPIOP AGG \$ Excluded
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$
A	OTHER CONTINGENT CARGO	L23505-2-CONC-230101-2	03/18/2023	03/18/2024	\$2500 DED, FOR REFER BREAKDOWN \$1,000 DEDUCTIBLE 100,000 Limit
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS					
CERTIFICATE HOLDER <input type="checkbox"/> ADDITIONAL INSURED; INSURER LETTER: CANCELLATION					
Bethel Logistics LLC 3111 N University Drive Ste. 105 Coral Springs, FL 33065 Fax:			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER ITS AGENTS OR REPRESENTATIVES.		
			AUTHORIZED REPRESENTATIVE <i>Joseph Kelly, Pres.</i> <i>Classic Insurance Services, Inc.</i>		

File Certificate - Certificate Confirmation**Batch
: WEB29493**

Your certificate form has been successfully submitted. Please notice that filings will not be processed until the Batch (Process Filings) is submitted.

USDOT Number:	3780055	Docket Number:	MC01352805
Legal Name:	BETHEL LOGISTICS LLC		
DBA Name:			
Business Address:	3111 N UNIVERSITY DR STE 105 CORAL SPRINGS FL 33065		
Common Authority:	N	Contract Authority:	N
		Broker Authority:	A

Filer No:	28629 00	Filer Name:	GRAY CASUALTY & SURETY COMPANY
Form:	Bond - 84	Effective Date:	02/27/2023
Surety/Trust Number:	GSC0604923		

The Insurance Filings identified by Transmission Number **WEB29493** have been successfully transmitted.

**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) BETHEL LOGISTICS LLC	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input checked="" 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) ▶ <input type="checkbox"/> Other (see instructions) ▶	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.) 6307 SUNSAIL PL City, state, and ZIP code APOLLO BEACH, FL 33572 List account number(s) here (optional)	Requester's name and address (optional)

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.

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

Social security number								
			-				-	
Employer identification number								
8	4	-	1	9	6	2	4	7

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 ▶ *KAREN GARCES*

Date ▶ 01/25/2023

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.

