

BUILDING
TOMORROW'S BUSINESS
WITH
TODAY'S SERVICE



CUSTOMER PARTNER APPLICATION

THE MISSION

OCLT strives to provide best-in-class logistics services for our customers. Our mission is to create significant customer value by delivering reliability in the flow of customer goods and providing creative and technologically advanced supply chain solutions. This is achieved by cultivating relationships based on trust and mutual respect with everyone we partner with and creating a goal-driven and fulfilling environment for all OCLT employees.

COMPANY INFORMATION

OCL Trucking

Broker Authority: MC1625969
Federal Tax ID 93-4598584
DUNS: 119173017
Year Founded: 2023

CONTACT INFORMATION

PHONE: 786.472.1747

EMAIL: jmacias@ocltrucking.com

WEB: www.ocltrucking.com

CORPORATE ADDRESS:

90-F Glenda Trace - suite 245
Newnan, Ga 30265

REMITTANCE ADDRESS:

90-F Glenda Trace - suite 245
Newnan, Ga 30265

INDUSTRY RANKINGS



SERVICES



FTL FREIGHT



LTL FREIGHT



FLATBED



REFRIGERATED

OCLT CUSTOMER CREDIT APPLICATION

Business Name

Phone Number

Physical Address

AP Contact

Billing Address

City, State, Zip Code

Do you have a third-party AP Company? Yes No

(If yes, please fill out below)

If no, please note specific billing instructions below.

Address

Email

Phone Number

THE FOLLOWING INFORMATION WILL BE KEPT CONFIDENTIAL

OWNERSHIP: Corporation Partnership Individual LLC

Name of Principal

Phone Number

Address

BANK REFERENCE:

Bank

Phone Number

Bank Officer

Fax Number

Account Number

VENDOR REFERENCES:

Business Name

Contact

Phone Number

Business Name

Contact

Phone Number

Business Name

Contact

Phone Number

We hereby authorize the release of credit and/or financial information from our bank and other financial institutions or firms with whom we have done business. The person signing this document declares that he/she is authorized to sign this document on behalf of client, and if credit is granted, agrees to the terms described herein.

By signing this form, the undersigned certifies that all information on this form is correct and understands that payment of all freight invoices/charges is due within thirty days of the date of invoice.

Date

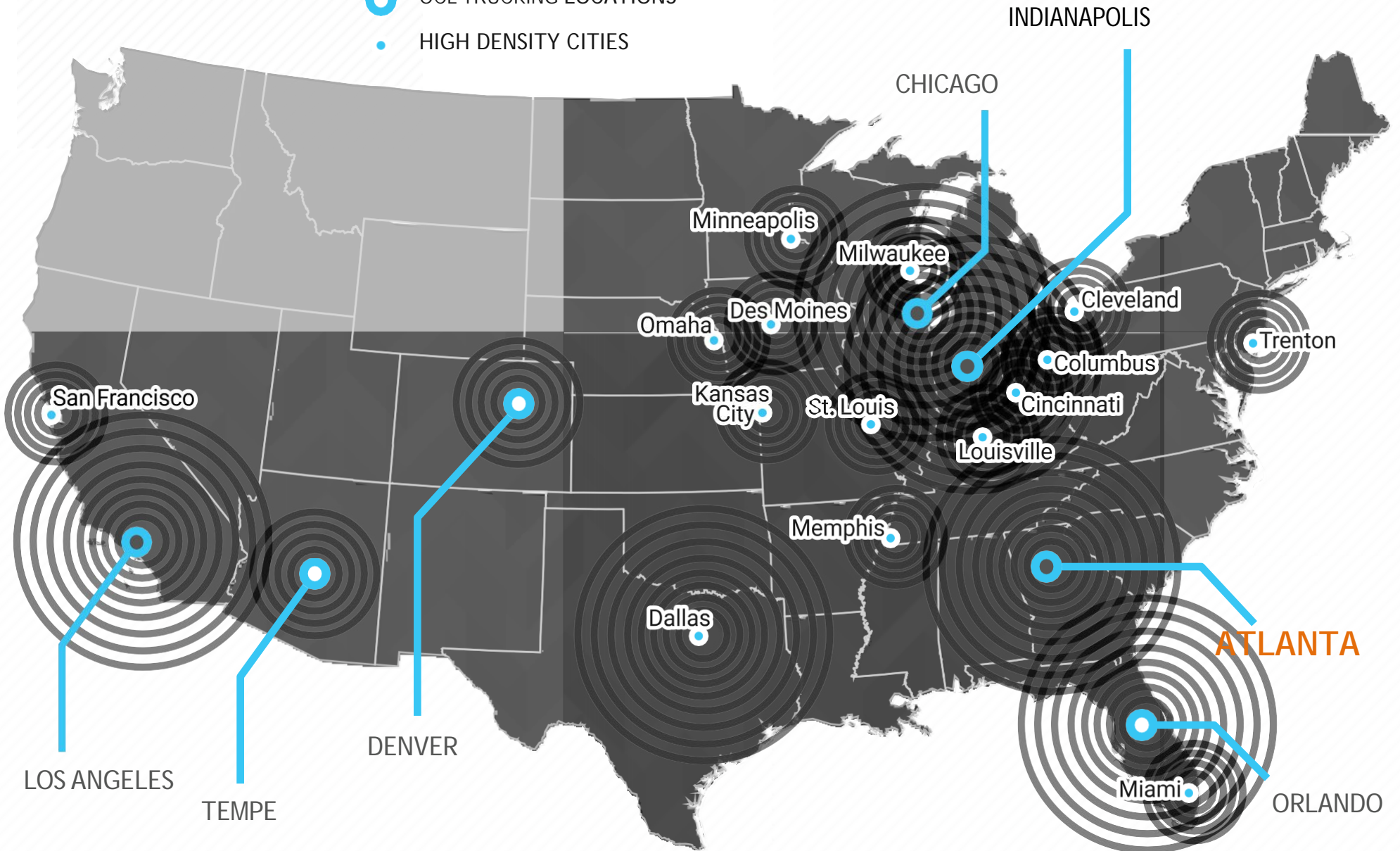
Signed

Title



LANE DENSITY MAP

- OCL TRUCKING WAREHOUSE LOCATIONS
- OCL TRUCKING LOCATIONS
- HIGH DENSITY CITIES



Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
 requester. Do not
 send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type.	See Specific Instructions on page 3.	<p>1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)</p> <p>OCL TRUCKING, LLC</p>	
		<p>2 Business name/disregarded entity name, if different from above.</p>	
		<p>3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) <u>C</u> Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____ </p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p style="text-align: right;"><i>(Applies to accounts maintained outside the United States.)</i></p>
		<p>3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/></p>	
		<p>5 Address (number, street, and apt. or suite no.). See instructions.</p> <p>237 SCENIC HILLS DRIVE</p>	<p>Requester's name and address (optional)</p>
		<p>6 City, state, and ZIP code</p> <p>NEWNAN, GA 30265</p>	
		<p>7 List account number(s) here (optional)</p>	

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.

Social security number									
				-			-		
or									
Employer identification number									
9	3	-	4	5	3	9	8	5	8

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

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.

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 <i>Joshua Macias</i>	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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



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

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

SERVICE DATE
April 05, 2024

LICENSE

MC-1625969-B
U.S. DOT No. 4210744
OCL TRUCKING
NEWNAN, GA

*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 blue ink that reads "Jeffrey L. Secrist".

Jeffrey L. Secrist, Division Chief
Office of Registration

BPO

1101



OCL TRUCKING
237 SCENIC HILLS DRIVE
NEWNAN, GA 30265



Kabbage
an American Express company

Green Dot Bank
P.O. Box 400
Provo, UT 84603-0400

97-321/1243



PAY TO THE
ORDER OF

USE THIS SAMPLE TO REORDER

Be sure to indicate any changes.
Numbering will start as shown in the upper right corner.

\$

DOLLARS

VOID

MEMO

AUTHORIZED SIGNATURE

⑈00 1 10 1⑈ ⑆ 1 24 303 2 14 ⑆ 16 1 7094 1833 779⑈