



SHIPPER PACKET

888.557.ONYX (Toll Free)

888.572.ONYX (Fax)

Info@ONYXFreightLogistics.com

www.ONYXFreightLogistics.com

MC#: 1442923

DOT#: 3909851

SCAC: OXFK



WELCOME TO ONYX FREIGHT LOGISTICS!

Dear Customer:

I want to thank you for your interest in ONYX Freight Logistics, LLC. We pride ourselves in a culture of service where we value, anticipate and exceed your customers' expectations. We also believe this level of service is not possible without developing strong partnerships with each of our service providers.

We are dedicated to providing you and our carriers alike with responsive, transparent, fair, honest and unmatched service. You can count on dedicated customer service and direct access to your broker. All team members are aware of the particulars of your loads. We get to know you, and we treat your freight like it's ours.

We make it our business to manage the details so your shipping can be hands off and worry free. Our goal is to prove to you how much we value you in every interaction. You will not find another broker committed to working harder for you.

Please complete and return:

- Customer Profile Page 3
- Broker-Shipper Agreement Page 4

Please keep for your records:

- Our Company Profile Page 7
- Our Operating Authority Page 8
- Our BMC-84 Certificate of Bond Page 9
- Our Contingent Cargo Ins. Cert. Page 11
- Our General & Auto Liability Ins. Cert. Page 12
- Our W9 Page 13
- Notice Of Assignment (Denim) Page 14

Updated 3/2023

CUSTOMER PROFILE

DATE:

COMPANY INFORMATION

COMPANY NAME:

WEBSITE:

PHONE#:

ADDRESS:

FEIN#:

CONTACT INFORMATION

CONTACT NAME:

POSITION:

EMAIL:

PHONE:

ADDRESS:
(If different)

ACCOUNTING INFORMATION

A/P CONTACT:

EMAIL:

PHONE:

REFERENCE #:

TERMS:

BROKER / SHIPPER AGREEMENT

AGREEMENT: made this day of , 2023, shall govern the services provided by ONYX FREIGHT LOGISTICS, LLC, hereinafter referred to as BROKER, located at 1239 S. Belvedere Avenue, Gastonia NC 28054 and , hereinafter referred to as SHIPPER, located at

WITNESSETH:

1. BROKER is a licensed broker of property authorized by the Federal Highway Administration, license pursuant to Docket MC#1442923 / DOT# 3909851 (a copy of license and surety bond is attached hereto and made part thereof) to arrange transportation of property for commercial shippers and receivers of property between all points in the United States, and
2. SHIPPER, desiring to enter into a contract relationship with BROKER. NOW

THEREFORE,

3. SHIPPER agrees to offer for shipment and BROKER agrees to arrange for transportation by motor vehicle from and to points which service may be required and such quantities of authorized commodities as the SHIPPER may require.
4. SHIPPER agrees to offer to BROKER for shipment, a minimum of loads per year for each year this Agreement remains in effect.
5. SHIPPER agrees to pay BROKER for the transportation of authorized commodities under this agreement in accordance with effective schedules within thirty (30) days of the receipts by SHIPPER of the BROKER'S invoice covering such transportation and proof of delivery documents, or in the time period agreed upon, in writing, between SHIPPER and BROKER as an addendum to this AGREEMENT.
6. Discounts of freight invoice charges will not be permitted. The BROKER reserves the right assess a service charge of 3% for each invoice for each thirty (30) day period (or 36% annually) of freight invoice if not paid within the above schedule.
7. The basic transportation rate negotiated between the parties is: Freight, all kinds; all shipments: Rates to be determined; placed in writing, and agreed to by both parties by signature on BROKER'S load rate confirmation document and renegotiated for each load tendered.

8. Additional rates or modifications of the above rate may be established or amended verbally in order to meet specific shipping schedules, as mutually agreed, but such changes shall be sent by the party initiating the change, by facsimile machine (fax) or email, to the other party, and the approval of the change shall be acknowledged by the second party by, initialing the change, and returning, by facsimile machine or email confirmation of the proposed change. These changes shall be separately numbered as Appendix A, Addendum 1, etc.

9. Although not required by the Federal Highway Administration, BROKER agrees to maintain cargo insurance in the amount of \$100,000 as a supplemental contingency insurance to compensate SHIPPER for loss or damage to shipments tendered to BROKER'S transportation services. SHIPPER agrees that the primary insurance coverage and responsibility for loss or damage is that of the licensed motor carrier transporting shipments, as required by the Federal Highway Administration, and that BROKER'S cargo insurance will be utilized only in the case of failure of carrier's insurance; in any case, BROKER'S liability shall be limited to the coverage afforded by BROKER'S contingent cargo policy.

10. All of the rules promulgated by the Federal Highway Administration as to filing of claims and settling of claims, and all the requirements to as to public liability and property damage and cargo insurance that pertain to a common carrier or contract carrier should be equally applicable to the carrier on shipments moving under this agreement.

11. The parties agree that in the event the SHIPPER determines it has a claim for loss of cargo or damage against the carrier, that all claims are filed and processed in accordance with (49 C.F.R. 1005). BROKER may, as a matter of courtesy and convenience and on behalf of the SHIPPER, handle claims or assist in the handling of claim for loss or damage against the carrier.

12. Rates and charges for traffic moved under this AGREEMENT shall be as agreed to between the parties hereto in writing and are to be contained in a rate schedule or memorandum of rates and charges prepared and issued by BROKER and acknowledged by SHIPPER. Changes to its schedule or memorandum shall also be made in writing within a mutually agreed period of time, and similarly acknowledged.

13. The carrier shall, on each movement, issue a standard Bill of Lading, and the traffic shall be delivered under the terms and conditions of the said Bill of Lading, which shall contain the standard process as to the filing and settling of claims.

14. Neither party hereto will be liable for the failure to tender or timely transport freight under the AGREEMENT if such failure, delay or other omission is caused by strikes of war, acts of God, accidents, civil disorder, through compliance with legally constituted order of civil or military authority.

15. Carrier shall be liable to the SHIPPER for loss or damage to any property transported under this AGREEMENT. Such liability shall begin at the time cargo is loaded carrier's equipment at the point of origin, and continue until said cargo is delivered to the designated consignee at the ultimate destination or to any intermediate pick-up and stop-off points between the point of origin and the final destination. The liability shall be for the full value of the item, which shall be understood to mean the replacement cost of the lost or damaged item(s).

16. All claims for loss and damage, and any salvage arising there from shall be handled and processed in accordance with the effective schedules within thirty (30) days of the receipt by SHIPPER of BROKER'S invoice covering such transportation.

17. If any dispute arises about any matter covered by the terms of this AGREEMENT, the parties' recourse shall be to the judicial system, either state or federal.

18. The relationship of BROKER to the SHIPPER shall at all times, be that of an independent contractor.

19. This AGREEMENT shall remain in effect for a period of one (1) year, and from year to year thereafter, subject to the right of either party herein to terminate the AGREEMENT at any time upon not less than thirty (30) days written notice of one party or the other.

IN WITNESS WHEREOF, the parties solidify this AGREEMENT made this _____ day of _____, 2023.

SHIPPER		BROKER	
By:		By:	Reneé Y. Matthews
Title:		Title:	Broker / CEO
Company:		Company:	ONYX Freight Logistics, LLC
Address:		Address:	1239 S. Belvedere Avenue Gastonia, NC 28054
Email:		Email:	Renee@ONYXFreightLogistics.com
Phone#:		Phone#:	888.557.6699 / 704.898.0079
Signature:		Signature:	
Date:		Date:	

COMPANY PROFILE

PHONE: 888.557.6699

FAX: 888.572.6699

ADDRESS: 1239 S. Belvedere Avenue
Gastonia, NC 28054

GENERAL EMAIL: Info@ONYXFreightLogistics.com

ACCOUNTING EMAIL: Accounting@ONYXFreightLogistics.com

MC#: 1442923

DOT#: 3909851

SCAC#: OXFK

FEIN#: 88-1457664

DUNS#: 076 141 356

BOND#: 4001614

CAGE CODE: 9DJ47

CONTACTS: Reneé Matthews, BROKER/CEO

Renee@ONYXFreightLogistics.com

FMCSA OPERATING AUTHORITY



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

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

SERVICE DATE
July 21, 2022

LICENSE
MC-1442923-B
U.S. DOT No. 3909851
ONYX FREIGHT LOGISTICS LLC
GASTONIA, NC

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.

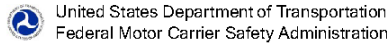
A handwritten signature in black ink, appearing to read "Jeffrey L. Secrist".

Jeffrey L. Secrist, Division Chief
Office of Registration

BPO

BROKER BOND (BMC-84), #4001614

A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0017. Public reporting for this collection of information is estimated to be approximately 10 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, Washington, D.C. 20590.



Broker's or Freight Forwarder's Surety Bond under 49 U.S.C. 13906

FORM BMC-84

Filer FMCSA Account Number: 28628-00

License No MC- 01442923

KNOW ALL MEN BY THESE PRESENTS, that we, ONYX Freight Logistics, LLC,
(Name of Broker or Freight Forwarder)

of 1239 S Belvedere Avenue Gastonia, NC 28054,
(Street) (City) (State) (Zip)

as PRINCIPAL (hereinafter called Principal), and Merchants National Bonding, Inc
(Name of Surety)

a corporation, or a Risk Retention Group established under the Liability Risk Retention Act of 1986, Pub. L. 99-563, created and existing

under the laws of the State of Iowa (hereinafter called Surety), are held and firmly bound unto the United States of
(State)

America in the sum of \$75,000 for a broker or freight forwarder, for which payment, well and truly to be made, we bind ourselves and our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal is or intends to become a Broker or Freight Forwarder pursuant to the provisions of Title 49 U.S.C. 13904, and the rules and regulations of the Federal Motor Carrier Safety Administration relating to insurance or other security for the protection of motor carriers and shippers, and has elected to file with the Federal Motor Carrier Safety Administration such a bond as will ensure financial responsibility and the supplying of transportation subject to the ICC Termination Act of 1995 in accordance with contracts, agreements, or arrangements therefore, and

WHEREAS, this bond is written to assure compliance by the Principal as either a licensed Broker or a licensed Freight Forwarder of Transportation by motor vehicle with 49 U.S.C. 13906(b), and the rules and regulations of the Federal Motor Carrier Safety Administration, relating to insurance or other security for the protection of motor carriers and shippers, and shall inure to the benefit of any and all motor carriers or shippers to whom the Principal may be legally liable for any of the damages herein described.

NOW, THEREFORE, the condition of this obligation is such that if the Principal shall pay or cause to be paid to motor carriers or shippers by motor vehicle any sum or sums for which the Principal may be held legally liable by reason of the Principal's failure faithfully to perform, fulfill, and carry out all contracts, agreements, and arrangements made by the Principal while this bond is in effect for the supplying of transportation subject to the ICC Termination Act of 1995 under license issued to the Principal by the Federal Motor Carrier Safety Administration, then this obligation shall be void, otherwise to remain in full force and effect.

The liability of the Surety shall not be discharged by any payment or succession of payments hereunder, unless and until such payment or payments shall amount in the aggregate to the penalty of the bond, but in no event shall the Surety's obligation hereunder exceed the amount of said penalty. The Surety agrees to furnish written notice to the Federal Motor Carrier Safety Administration forthwith of all suits filed, judgments rendered, and payments made by said Surety under this bond.

This bond is effective the 21 day of July, 2022, 12:01 a.m., standard time at the address of the Principal as stated herein and shall continue in force until terminated as hereinafter provided. The Principal or the Surety may at any time cancel this bond by written notice to the Federal Motor Carrier Safety Administration at its office in Washington, DC, such cancellation to become effective thirty (30) days after actual receipt of said notice by the FMCSA on the prescribed Form BMC-36, Notice of Cancellation Motor Carrier and Broker Surety Bond. The Surety shall not be liable hereunder for the payment of any damages herein before described which arise as the result of any contracts, agreements, undertakings, or arrangements made by the Principal for the supplying of transportation after the termination of this bond as herein provided, but such termination shall not affect the liability of the Surety hereunder for the payment of any such damages arising as the result of contracts, agreements, or arrangements made by the Principal for the supplying of transportation prior to the date such termination becomes effective.

The receipt of this filing by the FMCSA certifies that a Broker Surety Bond has been issued by the company identified above, and that such company is qualified to make this filing under Section 387.315 of Title 49 of the Code of Federal Regulations.

Falsification of this document can result in criminal penalties prescribed under 18 U.S.C. 1001.

IN WITNESS WHEREOF, the said Principal and Surety have executed this instrument on day 7 of July, 2022

PRINCIPAL

ONYX Freight Logistics, LLC
COMPANY NAME

1239 S Belvedere Avenue, Gastonia
STREET ADDRESS, CITY

NC, 28054, 704-898-0079
STATE, ZIP PHONE

Renee Matthews
(type or print Principal officer's name)

Renee Y. Matthews
(Principal officer's signature)

Devon Simpson
(type or print Witness' name)

Devon Simpson
(Witness' signature)

SURETY

Merchants National Bonding, Inc
COMPANY NAME

PO Box 14498 Des Moines
STREET ADDRESS, CITY

IA, 50306, (800) 678-8171
STATE ZIP PHONE

Daniel J. Larson, CFO
(type or print Principal officer's name and title)

[Signature]
(Principal officer's signature)

Susan M. Griffin
(type or print Witness' name)

[Signature]
(Witness' signature)

COPY



COI – CONTINGENT CARGO



REGIMON-01

NMARTIN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/5/2022

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 Roanoke Insurance Group LB 100 West Broadway, Ste. 510 Long Beach, CA 90802		CONTACT NAME: Amanda Barlow PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: amanda.barlow@roanokegroup.com	
INSURED ONYX Freight Logistics, LLC c/o The Internet Truckstop LLC and Registry Monitoring Insurance Services 5388 Sterling Center Drive Westlake Village, CA 91361		INSURER(S) AFFORDING COVERAGE INSURER A : Lloyds of London NAIC # 15792 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPI/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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	N / A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	ContingentMotorTruck			10634722AA	6/1/2022	6/1/2023	SEE BELOW 100,000
A	Errors & Omissions			10634722AA	6/1/2022	6/1/2023	SEE BELOW 50,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Limit of Liability USD 100,000 each and every accident for liability assessed against the declared Assured hereon in respect of damage to cargo only; however, coverage is subject to a deductible of USD 5,000 each and every loss, but subject to a deductible of 10% on losses due to theft.

Errors and Omissions Limit: \$50,000

Should any of the policies described herein be cancelled before the expiration date thereof, the insurer affording coverage will endeavor to send written notice to the insured named herein, but failure to mail such notice shall impose no obligation or liability of any kind upon the insurer affording coverage, its agents or representatives.

CERTIFICATE HOLDER ONYX Freight Logistics, LLC 1239 S Belvedere Ave Gastonia, NC 28054	CANCELLATION 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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COI – GENERAL LIABILITY & AUTO LIABILITY



ONYXFRE-01

LPEREZ

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/5/2023

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 Roanoke Insurance Group LB 100 West Broadway, Ste. 510 Long Beach, CA 90802		CONTACT NAME: PHONE (A/C, No, Ext): (562) 256-1914 FAX (A/C, No): (562) 590-8523 E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : CONTINENTAL CASUALTY COMPANY	20443
INSURED Onyx Freight Logistics, LLC 1239 S. Belvedere Avenue Gastonia, NC 28054		INSURER B : National Fire Insurance Company of Hartford 20478	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES CERTIFICATE NUMBER: 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 SUBR INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO <input checked="" type="checkbox"/> JECT <input checked="" type="checkbox"/> LOC OTHER:			7013515504	1/5/2023	1/5/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 EMPLOYMENT PRAC \$ 10,000
B	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			3041582030	1/5/2023	1/5/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			3041582030	1/5/2023	1/5/2024	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER ONYX Freight Logistics, LLC 1239 S. Belvedere Avenue Gastonia, NC 28054	CANCELLATION 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 <i>Lisa Perez</i>
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ACORD 25 (2016/03)

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ONYX FREIGHT LOGISTICS – IRS W9 FORM

Form W-9 (Rev. October 2018) Department of the Treasury Internal Revenue Service	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.
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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. ONYX Freight Logistics, LLC	
	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. <input checked="" 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) ▶ _____	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>
	5 Address (number, street, and apt. or suite no.) See instructions. 1239 S. Belvedere Avenue	Requester's name and address (optional)
	6 City, state, and ZIP code Gastonia, NC 28054	
	7 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 <i>How to get a TIN</i> , later. <small>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.</small>																																			
	Social security number <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td> </tr> <tr> <td colspan="3">-</td> <td colspan="3">-</td> <td colspan="6"></td> </tr> </table> or Employer identification number <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 5%;">8</td><td style="width: 5%;">8</td><td style="width: 5%;">-</td><td style="width: 5%;">1</td><td style="width: 5%;">4</td><td style="width: 5%;">5</td><td style="width: 5%;">7</td><td style="width: 5%;">6</td><td style="width: 5%;">6</td><td style="width: 5%;">4</td> </tr> </table>													-			-									8	8	-	1	4	5	7	6	6	4
-			-																																
8	8	-	1	4	5	7	6	6	4																										

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>Reaci J. Matthews</i>	Date ▶ <i>8/3/2022</i>
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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.

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.

NOTICE OF ASSIGNMENT



NOTICE OF ASSIGNMENT

REGARDING ("Client"): Onyx Freight Logistics, LLC MC-1442923

EFFECTIVE DATE: 09 / 23 / 2022

TO: Controller / Accounts Payable

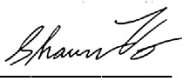
Please be advised the above named Client has entered into a financial relationship and sold and assigned its present and future accounts receivable to BusBot Incorporated DBA Denim ("Denim"). This sale of accounts receivable includes the irrevocable assignment to Denim of all Client's present and future accounts receivable and of all rights to receive payment on the currently outstanding and all future accounts receivable under all applicable laws, including §9-406 of the Uniform Commercial Code (the "UCC"). Denim's security interest has been duly recorded by its filing under the UCC

To the extent that you are now indebted or may in the future become indebted to the Client on an account receivable or general, payment thereof must be made to Denim and not to the Client or any other entity. **Payment must be remitted to us as follows:**

ACH (PREFERRED)	CHECKS
Routing: 321081669 Account: 80007666201 Type: Checking	BusBot Incorporated DBA Denim PO Box 392797 Pittsburgh, PA 15251-9797
billing@denim.com 1-855-250-4142	

Payments made in any other manner may expose you to multiple liability. This Notification may only be revoked in writing, signed by one of Denim's officers. You must ignore any attempt by the Client or anyone else to rescind this assignment. Only we may terminate this notification assignment.

Very truly yours,
BusBot Incorporated DBA Denim

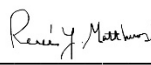
Signature: 

Name: Shawn Vo

Title: President

Date: 09 / 23 / 2022

Agreed and acknowledged,
Onyx Freight Logistics, LLC

Signature: 

Name: Renee Matthews

Title: Owner

Date: 09 / 23 / 2022

Doc ID: b70da40fdbad196a97d51bbb01dce9696d1a0da4