



**BEST VALUE
CARRIERS**
On target. On time.

CUSTOMER SET-UP PACKET

2526 Valleydale Road, suite 200

BIRMINGHAM, AL 35244

FAX OR EMAIL COMPLETED DOCUMENTS TO:

205-408-4444 or amy@bestvaluecarriers.com

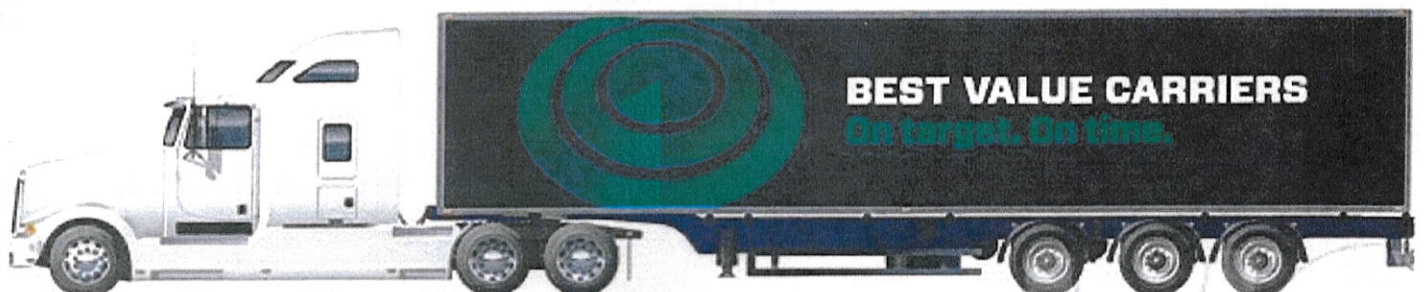
Problem Resolution Contact

COROPRATE OFFICE: 205-408-9997 FAX: 205-408-4444

ALT OFFICE: 855-293-2378

BVC Invoice Questions Contact:

ACCOUNTING: bvc.harry@gmail.com





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Best Value Carriers, LLC, is a non-asset based full service freight provider. Year 2021 will be our ninth full calendar year in business, though we have over 30 years of combined experience in the logistics industry. Last year alone we handled nearly 1500 loads for our customers. Currently our largest customers include the United States Military, the PGA Tour (Professional Golf Association), George Dickel distilleries, BL Harbert International, and Michels Pipeline Corporation. We move numerous types of commodities from fabricated steel products, concrete forms, heavy equipment for the construction industry, and clear span tents as well as military equipment such as tanks, armored personnel carriers, and freight of all kinds (FAK). Through these widely varied commodities we have established trucking contacts with well over 4000 carriers spanning every state in the country. We have the ability to find and hire all types of trucks and trailers from individual owner/operators as well as small, medium, and large asset based companies to handle any and all of our customers needs. The major advantage to using Best Value Carriers is that we are a one-stop shop and are committed company wide to providing the best experience possible for our customers. At BVC you will have an account specialist dedicated to you - you will hear a familiar voice each and every time you call. Furthermore, you will only have to deal with us and we will deal with finding the trucks and checking to ensure loads in transit will be on time for both pickup and delivery. Our freight customers simply pick up the phone, call us, and let us deal with any and all issues relating to their loads.

At BVC we specialize in full load legal (FTL) and over dimensional (OD) freight on flatbeds, step decks, RGNs, lowboys, dry vans, and hotshots, however, other trailers such as reefers, dump beds, and less common equipment such as conestoga trailers, boat haulers, and extendable trailers are also within our areas of expertise. We will explore all avenues in order to bring our customers the best options available. We further excel at finding trucks and drivers with very little notice or lead-time. The U.S. Military and PGA both often have loads that come up suddenly and have to move quickly. This has trained us to handle those situations with relative ease and thus many of our customers have come to think of us as their "break glass in case of emergency" company that they can count on to accomplish what is needed under these circumstances.

In many instances, the term "freight broker" concerns potential customers since there are many shady, fly by night brokers. In recognition of this, our company has set the goal of providing strong customer service and overall integrity of our work on each and every load. To accomplish this we operate by principles we feel will keep us on that path. Primary among these is striving to always be open, up front, and honest with our customers; to let them know exactly what our capabilities are regarding their freight requirements. We will never tell a customer what we think they want to hear in hopes of a favorable outcome for us - this "straight forwardness" ensures that everyone is on the same page. In short, we will always tell a customer the truth, regardless of the situation. Secondly, understanding that timing is critical when it comes to finding the right trucks for loads, we strive to act in the most timely manner possible given the parameters of the move. This principle gives our customers and us the most advantageous position in finding a truck to fit their needs. Finally, we know that each commodity we move has attached to it the work of many people, and that each load has it's own unique circumstances. Therefore personal communication with our customer is paramount - and this is why we believe one on one service between the account specialist and customer is critical to success.

Thank you for considering Best Value Carriers, LLC.

CUSTOMER / SHIPPER INFORMATION

Best Value Carriers, LLC. (BVCR)

www.bestvaluecarriers.com

Company Name: _____

Address: _____

Company Phone #: _____ Fax #: _____

Company Website: _____

Owner (contact) Name: _____ Direct #: _____ e-mail _____

Freight Manager/Dispatcher: _____ Direct #: _____

Cell #: _____ E-mail: _____

After business hours contact & number _____

Commodities shipped & dimensions including frequency, areas, lanes, destinations: _____

Types of trucks / equipment required to transport your commodities:

Flats: _____ Steps: _____ Vans: _____ RGNs: _____

Assessorials: _____

Specialized: _____

Please provide a BVC Freight Information Worksheet (attached) or the Company's internal documents to appropriately describe the requirements for the freight engagement(s) and forward to your BVC sales contact to initiate action by e-mail or fax to 205 408-4444

Please specify documents required to initiate payment for freight engagement:

BVC Invoices submitted to whom _____ Tele# _____

e-mail: _____

Documents required by Shipper to initiate payment:

Are e-mails with attached invoice documents acceptable for billing _____

BVC Invoice _____ Executed Bill of Lading _____ Shipper PO/Manifest _____

Other _____

Please return this information sheet to BVC with the completed BVC credit application.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/20/2020

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 Houseal Agency, Inc. 3918 Montclair Road, Suite 208 Birmingham, AL 35213-1389 Bill Houseal	205-871-3894	CONTACT NAME: Bill Houseal PHONE (A/C, No, Ext): 205-871-3894 E-MAIL ADDRESS: bill@wbhins.com	FAX (A/C, No):
INSURED		INSURER(S) AFFORDING COVERAGE	
Best Value Carriers, LLC & SCAC: BVRC 2526 Valleydale Road, Ste 200 Hoover, AL 35244		INSURER A: Evanston Insurance Company	
		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
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			TBP0040-02	06/12/2020	06/12/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			TBP0040-02	06/12/2020	06/12/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						OCCUR CLAIMS-MADE 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						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Contingent Cargo Liability			IMS40568	06/12/2020	06/12/2021	LIABILITY 250,000

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

CERTIFICATE HOLDER CANCELLATION

Proof of Insurance	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 

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.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. BEST VALUE CARRIERS, LLC	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <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 checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ P Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.) 2526 VALLEYDALE ROAD, SUITE 200	
	6 City, state, and ZIP code HOOVER, AL 35244	
	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 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 instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number																	
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Employer identification number																	
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4	5	-	5	2	2	7	8	8	8								

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 on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶ 6/15/16
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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?* on page 2.

By signing the filled-out form, you:

- 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, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



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2526 Valleydale Road, Suite 200
Hoover, AL 35244
855-293-2378 Toll Free 205-408-9997 Local
205-408-4444 Fax Email: bvc.harry@gmail.com

CREDIT APPLICATION FOR COMMERCIAL FREIGHT

BUSINESS CONTACT INFORMATION

Company Legal Name
Company DBA Name
Phone | Fax
E-mail
Registered company address
City, State ZIP Code

Date business commenced
 Sole proprietorship
 Partnership
 Corporation
 Fed EIN #

BUSINESS AND CREDIT INFORMATION

City, State ZIP Code
How long at current address?
Phone
Fax
E-mail

Bank name:
Primary business address
City, State ZIP Code
Phone
Account Officer / Representative
Type of account(s) Savings Checking Other

BUSINESS/TRADE REFERENCES REGARDING OPEN ACCOUNTS

Company name
Address
City, State ZIP Code
Contact

Phone
Fax
E-mail
Other

Company name
Address
City, State ZIP Code
Contact

Phone
Fax
E-mail
Other

Company name
Address
City, State ZIP Code
Contact

Phone
Fax
E-mail
Other

AGREEMENT

1. All invoices shall be paid (TBD) days from the date of the invoice. Terms-Past due amounts are subject to a finance charge of 1.5% per month (18% per annum). In the event of default, purchaser shall be responsible for reasonable attorney's fees and all other costs of collection
2. Claims arising from invoices must be made within five (5) working days of delivery.
3. By submitting this application, you authorize Best Value Carriers, LLC to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Officer Signature
Name and Title
Date

Officer Signature
Name and Title
Date



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

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

SERVICE DATE
June 04, 2012

LICENSE
MC-788952-B
U.S. DOT No. 2310530
BEST VALUE CARRIERS, LLC
BIRMINGHAM, AL

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, Chief
Information Technology Operations Division

BPO