



# DEDICATED CARRIERS, INC.

(813) 884-8466 • (800) 315-9878

## Credit Application

### Customer Information:

Date: \_\_\_\_\_

D & B #: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Corporation

Partnership

Proprietorship

### Principals:

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Years in Business: \_\_\_\_\_ State/Date Incorporated: \_\_\_\_\_ / \_\_\_\_\_

Federal ID#: \_\_\_\_\_ Products/Value Shipped: \_\_\_\_\_

Credit Amount Requested \$: \_\_\_\_\_ Payment Terms Requested #: \_\_\_\_\_

### Billing Information:

**(DCI standard payment terms are 30 days from delivery date)**

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Direct Line: \_\_\_\_\_

Bill of Lading Required: \_\_\_\_\_ E-mail address for A/P Dept: \_\_\_\_\_

### References:

Bank Name: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact: \_\_\_\_\_ Acct #: \_\_\_\_\_

Trade Reference: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Trade Reference: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Trade Reference: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Approved payment terms begin on the delivery date of your shipment and, if requested, a Proof of Delivery will be provided before the invoice due date via fax, web or e-mail.



'Home of the 3 - C Guarantee'



# DEDICATED CARRIERS, INC.

(813) 884-8466 • (800) 315-9878

## Credit Agreement

The applicant through the undersigned agent agrees to the following conditions of sale:

**a. Credit Requirements / Invoice Terms:**

The applicant agrees to abide by the credit requirements and invoice terms extended to the applicant by the credit department of Dedicated Carriers. The credit department reserves the right to modify the customer credit requirements and invoice terms from time to time as conditions may warrant. Credit terms are from the date of actual delivery regardless of the payment terms. DCI credit terms are **“Net 30 Days”** unless other credit terms are arranged prior to shipment.

**b. Invoice Discrepancies:**

The applicant agrees to notify Dedicated Carriers in writing, prior to the due date, of invoice discrepancies or disputes. The invoiced amount is to be paid in full, unless payment is accompanied by a written description of the reason for the disputed payment.

**c. Shipping Discrepancies:**

The applicant agrees to notify Dedicated Carriers of any bill of lading changes prior to delivery, and of any delivery exceptions within 10 days following delivery.

**d. Default on Invoice Terms or Conditions of Sale:**

The applicant agrees to compensate Dedicated Carriers for its’ actual collection costs arising from the applicant’s default on invoice terms or conditions of sale. Collection costs include, but are not limited to, third party collection fees, attorney fees, and court costs. In the event of non-payment after 60 days, Dedicated Carriers reserves the right to eliminate all discounts and collect total freight charges from any and all involved parties which include, Shipper, Consignee, Owner of Product Shipped, or the Third Party involved.

**e. Authorization of Credit Report:**

The applicant authorizes the above named creditor to obtain a written or oral credit report from any credit-reporting agency. The applicant further authorizes any bank or commercial business with whom the applicant is doing or has done any type of business to give any and all necessary information to the creditor which will assist creditor in the credit investigation.

**f. Jurisdiction:**

Whereas, Applicant is seeking credit from Dedicated Carriers, its affiliates and consigns and, Whereas, Dedicated Carriers, its affiliates and consigns has extended credit, it is hereby agreed between the parties that the company to whom credit is extended through this agreement and the individual signing this agreement on behalf of the company agree that any legal action shall be brought in the location of Dedicated Carriers, to wit, The Thirteenth Judicial Circuit of the State of Florida in and for Hillsborough County and that the parties further agree that if any action arising out of this agreement shall be brought in any other location, then each party agrees to seek a transfer of such action to the above forum.

**g. Security Interest:**

To secure its Obligations hereunder, Applicant grants to Dedicated Carriers a continuing security interest in and to the Collateral, notwithstanding the creation of the above security interest, the relationship between the parties hereto shall be that of a purchaser and seller, and not that of lender and borrower. Applicant authorizes Dedicated Carriers to file initial financing statements and amendments thereto that indicate the Collateral as all assets of Applicant or words of similar effect, regardless of whether any particular asset comprised in the Collateral falls within the scope of Article 9 of the UCC.

\_\_\_\_\_  
Agreement Date

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title





**DEDICATED CARRIERS, INC.**

4627 Town 'N Country Blvd., Tampa, FL 33615 \* (813)884-8466 \* (800)315-9878

***Truck Load Fuel Surcharge Schedule***

*(January 1, 2009)*

*Cents Per Mile*

<b><i>Cost Per Gallon</i></b>	<b><i>FSC/Mile</i></b>
2.30 - 2.35	.30
2.36 - 2.41	.31
2.42 - 2.47	.32
2.48 - 2.53	.33
2.54 - 2.59	.34
2.60 - 2.65	.35
2.66 - 2.71	.36
2.72 - 2.77	.37
2.78 - 2.83	.38
2.84 - 2.89	.39
2.90 - 2.95	.40
2.96 - 3.01	.41
3.02 - 3.07	.42
3.08 - 3.13	.43
3.14 - 3.19	.44
3.20 - 3.25	.45
3.26 - 3.31	.46
3.32 - 3.37	.47
3.38 - 3.43	.48
3.44 - 3.49	.49
3.50 - 3.55	.50
3.56 - 3.61	.51
3.62 - 3.67	.52
3.68 - 3.73	.53
3.74 - 3.79	.54
3.80 - 3.85	.55

*If the price of fuel goes above the chart formula, continue with the six cent increments.*

*Weekly fuel price taken from the Department of Energy weekly U.S. Fuel Index.*

[www.eia.doe.gov](http://www.eia.doe.gov)

*Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_*

**Appendix A**

PM-24  
(Rev. 1/95)  
March 26, 1996

FEDERAL HIGHWAY ADMINISTRATION

LICENSEE

MC 282061 SUB 1 B

DEDICATED CARRIERS INC.  
Tampa, 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 1043) and the designation of agents upon whom process may be served (49 CFR 1044). Applicant shall also render reasonable continuous and adequate service under authority. Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

JOHN F. GRIMM  
Director, Office of Motor Carriers  
Information Analysis



# CERTIFICATE OF LIABILITY INSURANCE

OP ID GOKA  
DEDIC-1

DATE (MM/DD/YYYY)

01/15/10

<b>PRODUCER</b> Dick, Johnson & Jefferson, Inc Suite 200 1429 60Th Avenue W Bradenton FL 34207 Phone: 941-758-3861 Fax: 941-758-5947		<b>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.</b>	
<b>INSURED</b>  Dedicated Carriers Inc 4627 Town N Country Blvd Tampa FL 33615		<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b> 23620
		INSURER A: The Burlington Insurance Co	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	

### COVERAGES

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.


INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> 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	626B004070	01/05/10	01/05/11	EACH OCCURRENCE \$ <b>1000000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100000</b> MED EXP (Any one person) \$ <b>5000</b> PERSONAL & ADV INJURY \$ <b>1000000</b> GENERAL AGGREGATE \$ <b>2000000</b> PRODUCTS - COMP/OP AGG \$ <b>included</b>
		<b>AUTOMOBILE LIABILITY</b> <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 (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		<b>EXCESS / UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		<b>OTHER</b>				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

**Building or Premises-Office  
 Transportation Property Broker**

### CERTIFICATE HOLDER

### CANCELLATION

<b>AVAIL01</b>  Available upon request by the Certificate Holder  <b>BRADENTON FL 34208</b>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <b>10</b> 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 
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ACORD 25 (2009/01)

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/14/10

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 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).

<b>PRODUCER</b> Hancock & Associates, Inc. 8200 Kingston Pike Suite#21 Knoxville, TN 37919 Phone (865)691-6449 Fax (800)686-2170	<b>CONTACT NAME:</b> JOSH HANCOCK	
	<b>PHONE (A/C. No. Ext):</b> (800) 977-9885- 101	<b>FAX (A/C. No):</b> (800) 686-2170
	<b>E-MAIL ADDRESS:</b> info@contingentcargo.com	
	<b>PRODUCER CUSTOMER ID #:</b>	
<b>INSURED</b> DEDICATED CARRIERS INC. 4627 Town N Country Blvd. Tampa, FL 33615-		<b>INSURER(S) AFFORDING COVERAGE</b>
		<b>INSURER A :</b>
		<b>INSURER B :</b>
		<b>INSURER C :</b>
		<b>INSURER D :</b>
		<b>INSURER E :</b>
		<b>INSURER F :</b> CERTAIN UNDERWRITERS AT LLOYDS OF LON

**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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <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 <input type="checkbox"/>						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYE \$ E.L. DISEASE - POLICY LIMIT \$
F	CONTINGENT CARGO			811001-1794494Y	01/05/2010	01/05/2011	LIMIT \$100,000 ; DED \$5,000

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

REEFER BREAKDOWN DED \$2,500

**CERTIFICATE HOLDER****CANCELLATION**

INSUREDS COPY

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