



224 Willis Drive, Stockbridge, Georgia 30281
Phone: (678) 565-5550 Fax: (678) 565-5548
Barbara.perkins@newvisiontransport.com

CARRIER PACKET CHECKLIST

In order to establish a working relationship with your company, as our prospective carrier, it is essential that we collect the following vital information. Please complete all of the attached forms and return them to New Vision Transportation as quickly as possible. **WE WILL BE UNABLE TO ESTABLISH YOUR COMPANY AS A CARRIER IN OUR SYSTEM UNTIL ALL FORMS HAVE BEEN COMPLETED AND RETURNED.** The following checklist will help to assist you in gathering the information necessary.

- _____ **Carrier Profile**
- _____ **Billing Procedures**
- _____ **Signed Transportation Contract**
- _____ **Signed W-9**
- _____ **Copy of Carrier Operating Authority**

REQUIRED INSURANCE DOCUMENTS

- _____ **\$100,000 Required Cargo**
- _____ **\$1,000,000 Combined Bodily Injury & Property Damage**
- _____ **\$1,000,000 Required Auto Liability; Any lesser coverage will require New Vision Transportation named as additionally insured**
- _____ **Proof of one of the following:**
 - _____ **⇒ You DO Provide Workes Compensation Insurance for your employees**
 - _____ **⇒ You DO NOT provide Workers Compensation Insurance for your employees and ARE NOT REQUIRED BY LAW TO DO SO.**
- _____ **New Vision Transportation Services named as Certificate Holder. ***THIS MUST BE PROVIDED BEFORE PAYMENT IS MADE!**

BE AWARE THAT NEW VISION TRANSPORTATION SERVICES, INC. REQUIERS ALL CARRIERS FAX, OR MAIL, THE SIGNED PROOF-OF-DELIVERY (POD) WITHIN 48 HOURS OF FINAL DELIVERY. FAILURE TO PROVIDE NEW VISION TRANSPORTATION WITH THE P.O.D. WITHIN THE SPECIFIED TIME FRAME MAY RESULT IN A \$25.00 PENALTY.

Please fax this information to (678) 565-5548 or mail to:

**New Vision Transportation Services, Inc.
 224 Willis Drive
 Stockbridge, Georgia 30281**





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CARRIER PROFILE

PHYSICAL ADDRESS

Carrier Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Ext.: _____

Fax: _____

CONTACTS

Area	Name	Phone	Fax
Dispatch			
Operations			
After Hours			
Other			

Equipment Type(s) – Please input the applicable quantities for all equipment

Flatbeds		Step decks		Vans		Reefers		Other (Describe)
45		45		45		45		
48		48		48		48		
53		53		53		53		

Maximum Payload: _____ lbs. Email: _____

Apportioned Lanes (Circle ALL that apply):

United States: All 48 states

- | | | | | | | | | | | | | | |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| AL | AR | AZ | CA | CO | CT | DE | FL | GA | IA | ID | IL | IN | KS |
| KY | LA | MA | MD | ME | MI | MO | MN | MS | MT | NC | ND | NE | NH |
| NJ | NM | NV | NY | OH | OK | OR | PA | RI | SC | SD | TN | TX | UT |
| VA | VT | WA | WV | WY | | | | | | | | | |
- Canada: AB BC MB ON QB SK

REFERENCES

Customer Name	Contact Person	Telephone Number	Product Transported





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BILLING PROCEDURES

REMIT TO ADDRESS

Business Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Ext. _____
 Fax: _____
 Federal Tax I.D. No.: _____
 Owner(s): _____
 Company Type (circle one)
Corporation *Partnership* *Non-Profit* *Full Proprietorship*
Other (please specify) _____

PAYMENT TERMS

NEW VISION TRANSPORTATION SERVICES, INC. REQUIRES ALL CARRIERS TO FAX, OR MAIL, THE PROOF OF DELIVERY (P.O.D.) WITHIN 48 HOURS OF FINAL DELIVERY. FAILURE TO PROVIDE THE P.O.D. WITHIN THE SPECIFIED TIME FRAME MAY RESULT IN A \$25.00 PENALTY.

New Vision Transportation Services, Inc. offers the following three payment options:

- ❖ **Standard Terms** – All invoices will be processed and paid within 20 days of receipt of all required original paperwork. The check will be sent via U. S. Mail to the address as shown above.
- ❖ **Advance** – An Advance Payment of up to 50% of the total invoice amount will be made; the balance of the total invoice amount will be paid by ACH Wire Transferred within 48 hours of receipt of all required original paperwork. **A charge of 7% of the total invoice amount will be applied for Advance Payments.**
- ❖ **Quick Pay** – The total invoice amount will be ACH Wire Transferred within 48 hours of receipt of all required original paperwork. **A charge of 4% of the total invoice amount will be applied for all Quick Pay invoices.**
- ❖ **Payment Type (circle one)**

Standard Terms *Advance Pay* *Quick Pay*

BANK INFORMATION

Bank Name: _____
 Address: _____
 Name on Account: _____
 Routing Number: _____ Account Number: _____
 Type of Account (circle one) *Checking* *Savings*





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MOTOR TRANSPORTATION CONTRACT

This contract is made and entered into this _____ day of _____, 2008, by and between NEW VISION TRANSPORTATION SERVICES INC., a Georgia corporation doing business at 224 Willis Drive, Stockbridge, Georgia 30281, hereinafter referred to as "***New Vision Transport***" and _____ located at _____, hereinafter referred to as "CARRIER".

WITNESSETH:

WHEREAS ***New Vision Transport*** is a broker of property, ICC MC-603320 as defined by 49 CFR 1045 and a shipper of property as defined by 49 CR 1053, engaged in the business of providing interstate transportation services to the public and tendering shipments under its control to authorized motor carriers and is desirous of utilizing the services made available by contract motor carriers of property; and

WHEREAS CARRIER is a contract motor carrier of property engaged in the transportation of property for hire in interstate commerce pursuant to docket number ICC MC-_____ filed with the Interstate Commerce Commission and is desirous of transporting shipments within its scope of authority for and under continuing contracts with ***New Vision Transport***.

NOW THEREFORE, in consideration of the mutual covenants and promises hereinafter set forth the parties agree as follows:

I. CARRIER agrees to operate as a motor carrier of property to transport for ***New Vision Transport*** those commodities and between those points and in such a manner as authorized and regulated by the Interstate Commerce Commission, Department of Transportation or any other authority or administrative agency having jurisdiction over the operation of motor vehicles, individual, state or federal.

II. ***New Vision Transport*** agrees to tender to CARRIER not less than one (1) shipment for transportation within one (1) year, which will commence on the date of execution of this contract, and each successive one (1) year thereafter, commencing with the anniversary date of this contract.

III. All transportation charges for shipments tendered to CARRIER by ***New Vision Transport*** shall be issued to and be the responsibility of ***New Vision Transport*** for payment. Such charges shall be in accordance with the addendum hereto. When in such case as exceptions in the form of special point to point, commodity, or customer pricing are warranted, such charges shall be in accordance with the terms and conditions negotiated at any time prior to movement and so noted in the contract addendum. Payment of said freight charges shall be paid in no more than twenty (20) days following presentation of necessary delivery documents and paperwork concerning the shipment, consisting of, but not limited to, original Bill of Lading and proof of delivery.

IV. All documents, including a clear copy of the Bill of Lading indicating proof of delivery and name and address of paying party, shall be forwarded to ***New Vision Transport*** within ten (10) working days following final delivery.



V. In performance of transportation service herein, CARRIER shall be an independent contractor and not an agent or employee of **New Vision Transport** or its customers. CARRIER agrees, at its expense, to furnish suitable trucks, trailers, and manpower to transport the commodities tendered and to assume all costs, expenses, and liabilities incidental to or arising out of maintenance, repair, or operation of equipment labor, fuel, insurance, and for accidents and agrees to save and hold harmless **New Vision Transport** and its customers harmless from any and all such costs, expenses and liabilities.

VI. CARRIER agrees that it will at all times during the existence of this contract maintain insurance for the protection of the public and the commodities transported. Such insurance shall consist of combined single limit bodily injury and property damage in an amount no less than \$1,000,000.00 and broad form cargo insurance in an amount no less than \$100,000.00. Certificates of such insurance, bearing a minimum ten (10) day cancellation notice and naming **New Vision Transport** as an additional insured, shall be presented to **New Vision Transport** at the inception and renewal of each policy.

VII. CARRIER agrees to indemnify, save harmless, and defend **New Vision Transport** from and against any and all claims for loss, damage, or injury, and from and against any and all suits, actions, and legal procedures of every kind brought against **New Vision Transport** for or on account of any loss or damage to the property of any person or persons, corporation or corporations, or for or on account of any injury or damages received or sustained by any person or persons, incidental to the performance of this contract.

VIII. CARRIER agrees to assume full liability for loss or damage for all goods while under its care, custody, and control and shall, upon demand pay **New Vision Transport** for such goods as are lost, damaged or destroyed during such time.

IX. This contract shall be effective as of the date above and shall continue in effect for the duration of CARRIER's operating authority as originally issued by the Interstate Commerce Commission or as subsequently extended by it, subject, however to the right of either party to cancel this contract upon thirty (30) days prior written notice to the other party.

X. CARRIER recognizes **New Vision Transport** has put forth considerable effort and expense to develop its account base. CARRIER agrees to, at no time during the life of this agreement, and for one year after it's termination, either directly or indirectly, attempt to solicit, divert, bypass, back solicit, or perform any services for any account of **New Vision Transport** which **New Vision Transport** has secured and has previously tendered freight to CARRIER for compensation. CARRIER agrees to pay **New Vision Transport** a commission of ten (10) percent of all revenues billed to an account of **New Vision Transport** in violation of this agreement. Such commission shall be due and payable to **New Vision Transport** thirty days after such billing.

XI. CARRIER agrees that **New Vision Transport** is the sole party responsible for payment of CARRIER's invoices and that, under no circumstance, will CARRIER seek payment form the shipper or consignee.

IN WITNESS WHEREOF, the parties hereto have executed this contract the day and year first above written.

New Vision Transportation Services, Inc.

Carrier

Witness

Witness





224 Willis Drive, Stockbridge, Georgia 30281
Phone: (678) 565-5550 Fax: (678) 565-5548
Barbara.perkins@newvisiontransport.com

WORKERS' COMPENSATION

CARRIER: _____

Please check all that apply:

_____ **We DO provide Workers' Compensation Insurance for our employees.**

_____ **We DO NOT provide Workers' Compensation Insurance for our employees.**

_____ **We are NOT REQUIRED BY LAW to carry Workers' Compensation Insurance for our employees.**

Signature: _____

Date: _____



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)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
	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 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.

Social security number
or
Employer identification number

Note. If the account is in more than one name, see the chart on page 4 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).

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 ▶	Date ▶
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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:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. 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.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a “saving clause.” Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called “backup withholding.” Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the “Name” line. You may enter your business, trade, or “doing business as (DBA)” name on the “Business name” line.

Limited liability company (LLC). Check the “Limited liability company” box only and enter the appropriate code for the tax classification (“D” for disregarded entity, “C” for corporation, “P” for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the owner’s name on the “Name” line. Enter the LLC’s name on the “Business name” line.

For an LLC classified as a partnership or a corporation, enter the LLC’s name on the “Name” line and any business, trade, or DBA name on the “Business name” line.

Other entities. Enter your business name as shown on required federal tax documents on the “Name” line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the “Business name” line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the “Exempt payee” box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
2. The United States or any of its agencies or instrumentalities,
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,
7. A foreign central bank of issue,
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
9. A futures commission merchant registered with the Commodity Futures Trading Commission,
10. A real estate investment trust,
11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
12. A common trust fund operated by a bank under section 584(a),
13. A financial institution,
14. A middleman known in the investment community as a nominee or custodian, or
15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 7

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt payees, see *Exempt Payee* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
For this type of account:	Give name and EIN of:
6. Disregarded entity not owned by an individual	The owner
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

Call the IRS at 1-800-829-1040 if you think your identity has been used inappropriately for tax purposes.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS personal property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.consumer.gov/idtheft or 1-877-IDTHEFT(438-4338).

Visit the IRS website at www.irs.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.



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ATTENTION: Dispatch

We require all carriers to send, via fax to (678) 565-5548 or via U. S. Mail, the signed Proof – of-Delivery (P.O.D.) within 48 hours of the final delivery date. If the P.O.D. is not received by New Vision Transportation Services within the prescribed time frame, a \$25.00 penalty may be deducted from the carrier invoice.

Should you have any questions, please advise.

Thank you for your compliance.