



# AMERICAN FREIGHT INC

2399 Merry Ln. White City, OR 97503

541-826-5277 Office / 541-826-5176 Fax

Print

SUBMIT

## Log Truck Carrier Packet

\_\_\_\_\_ Payment Method Form

\_\_\_\_\_ Copy of Hauling Authority

\_\_\_\_\_ Signed Broker & Carrier Contract - Contract must be filled out completely and unaltered.

\_\_\_\_\_ W-9

\_\_\_\_\_ Proof of Insurance - We require carriers to have one of the following:

- 1) Broad Form Cargo Coverage
- 2) A list of commodities that are covered on said Cargo
- 3) List of Cargo not covered by insurance company (excluded Cargo). All certificates must also show American Freight Inc as Cert Holder.

THANK YOU!

Tiffani Provencio

Log Account Administrator

541-857-0389 Ext 204

[tiffani.provencio@americanfreightinc.com](mailto:tiffani.provencio@americanfreightinc.com)



# AMERICAN FREIGHT INC

2399 Merry Ln. White City, OR 97503

**PRINT**

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## PROOF OF INSURANCE

Carriers: Please complete this form and fax or email it to your insurance agents asap for timely processing of your carrier application.

We require carriers to have one of the following:

- 1) Broad Form Cargo Coverage
- 2) A list of commodities that are covered on said Cargo
- 3) List of Cargo not covered by insurance company (excluded Cargo)

All certificates must also show American Freight Inc as Cert Holder.

To: Insurance Agent: \_\_\_\_\_

Fax Number: \_\_\_\_\_ --- \_\_\_\_\_ --- \_\_\_\_\_

Carrier Company Name: \_\_\_\_\_

Carrier's MC#: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

### RE: CERTIFICATE OF INSURANCE

Dear Insurance Agent,

Thank you for your prompt handling of this request. This request is for a signed Certificate of Insurance for your above named insured. This Certificate should list the insured's coverage for Worker's Comp, Auto Liability, Cargo (with deductible noted), and should indicate whether coverage is ALL RISK, or Broad Form and if Cargo Policy contains any exclusions.

Please make certificate to:

American Freight Inc. 2399 Merry Ln, Medford, OR 97503

Phone 541-826-5277 / Fax 541-826-5176



# AMERICAN FREIGHT INC

2399 Merry Ln. White City, OR 97503

541-826-5277 Office / 541-826-5176 Fax

In order to for our company to utilize your trucks in the most efficient way possible, please take few moments and fill in the blanks below.

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

Dispatcher Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Mobile: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Trailer Types & Capacity: \_\_\_\_\_

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# Log Hauling Agreement

This agreement is made this

Date \_\_\_\_\_, 2013

Between: American Freight Inc.  
2399 Merry Ln  
White City, OR 97503

“Broker”

And: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

“Carrier”

- A. BROKER is a broker licensed to arrange for the transportation of property by Interstate Commerce Commission (ICC) License No. MC-287543 and the Public Utility Commission (PUC) License No. 129. A copy of both is part of this contract. Since BROKER controls the transportation of the commodities to be tendered to CARRIER, in accord with the criteria established by law. BROKER is considered a shipper under those criteria.
- B. CARRIER is a motor contract carrier of property authorized by ICC Certificate No. \_\_\_\_\_ And or the PUC Authority No. \_\_\_\_\_. A copy of both is made part of this contract, to provide transportation of property under contract with shippers and receivers of general commodities.

NOW THEREFORE, in consideration of the representations made herein, the parties agree as Follows:

1. Obligations of CARRIER

- a. Insurance. CARRIER shall furnish to BROKER in the form and manner satisfactory to BROKER a certificate of insurance setting forth that CARRIER maintains primary public liability and property insurance coverage as required by the ICC of the U.S. Dept. of Transportation and shall file proof of such insurance coverage with BROKER. Said insurance policies shall provide that they may not be cancelled without 30 (thirty) days written notice to BROKER and shall name BROKER as additional insured on such policies.
- b. Hold harmless. CARRIER agrees to defend and hold harmless BROKER against any and all loss or damage claims and each shipment transported by CARRIER pursuant to this contract. CARRIER further agrees to defend and hold harmless BROKER from and all liability, cost and damages to persons and/or property arising out of CARRIERS operations hereunder, including but not limited to all road, fuel and other taxes, fees or permits , related to the shipments transported by CARRIER as arranged by BROKER.
- c. Additional provisions. CARRIER shall not assign this agreement or any rights hereunder without prior written consent of BROKER and any attempt to assign this agreement in violation of this provision shall be null and void. The provisions herein, if effective, will not affect the human environment.

2. Obligation of BROKER

- a. Volume. BROKER shall offer to CARRIER for shipments a minimum of one (1) Shipment for each year this contract remains in effect, and the CARRIER shall agree to transport those shipments tendered during that period of time.
- b. Billing. BROKER shall perform all billing.
- c. Payment. BROKER agree to pay CARRIER for the transportation of the commodities moved under this contract at the rate agreed upon by both the BROKER and the CARRIER , within 5 (five) business days after BROKER receives payment, providing CARRIER has turned in proof of shipments within 3 (three) days of movement unless special arrangements have been made in advance.

3. Settlement of claims and other disputes.

- a. Court Action. The decision of the Interstate Commerce Commission shall have the recourse to the Oregon state judicial system only after the Commission has issued a ruling.
- b. Jurisdiction and Venue. The parties agree that any suit brought to enforce the terms of contract, and as allowed by paragraph 3 a. herein, shall be brought in the District or Circuit Courts of the State of Oregon for Jackson County or the U.S. District Court for the District of Oregon in Medford, OR. Each party expressly consents to the jurisdiction of such courts.
- c. Attorney Fees. In an action or suit, arbitrated or judicially determined, the prevailing party shall recover from the losing party amounts the arbitrator or court determines reasonable as costs and attorney fees for the action or suit, in addition to any other sums as may be allowed as provided by law.
- d. Dispatch. No load will be paid for if truck was not dispatched by an American Freight Inc official.

4. Contract term.

- a. This contract is effective as of the date set forth above, and shall remain in effect for a period of one (1) year from such date. It shall be automatically renewed from year to year thereafter, subject to the right of either party to terminate the contract at any time upon not less than thirty (30) days written notice.

IN WITNESS THEREOF, the parties have executed this contract in duplicate the date set forth above.

“Broker”  
 American Freight Inc  
 2399 Merry Ln  
 White City, OR 97503  
 800 806-5277

“Carrier”  
 \_\_\_\_\_  
 \_\_\_\_\_

BY Troy Hutchens  
 TROY HUTCHENS  
 PRESIDENT

BY \_\_\_\_\_  
 TITLE \_\_\_\_\_

# Request for Taxpayer Identification Number and Certification

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

<b>Print or type See Specific Instructions on page 2.</b>	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification; check only <b>one</b> 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 type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> 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) ▶ _____	
	<b>4</b> 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>	
	<b>5</b> Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	
	<b>7</b> 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.

<b>Social security number</b>											
				-			-				
<b>or</b>											
<b>Employer identification number</b>											
				-							

**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.

## 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 on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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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](http://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:

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, and
4. 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.