



2510 Texas Ave.
Lubbock, Texas 79411-2327
Phone: 806-745-4200 Fax: 806-745-1084
dispatch@supplychainmgt.net

SCMI welcomes your interest in becoming an approved carrier. We are confident that you will find SCMI an easy company to do business with. The attached Carrier Sign Up packet contains 9 pages of SCMI information and the various application forms needed for your company to become an approved SCMI carrier.

In order, the packet contains:

1. SCMI Company Profile
2. Carrier Profile Form-2 pages. Please fill out in detail, as the more we know about you, the better we can serve you.
3. SCMI Transportation Contract
4. Payment Policy
5. References
6. Insurance Certificate Request
7. W-9 tax form

Please fill out the Carrier Profile and sign the SCMI Transportation Contract. Fax to SCMI Carrier Administration Department at 806-749-7900. We will not tender freight until this information is received and entered into our database.

1. The completed SCMI Carrier Profile
2. The signed SCMI Transportation Contract
3. W-9 tax form completed and signed
4. A copy of your Operating Authority
5. A valid insurance certificate listing Supply Chain Management, Inc., 2510 Texas Ave. Lubbock, Texas 79411 as a certificate holder and showing current coverage with minimum amounts of \$100,000 cargo coverage and \$1,000,000 auto liability.
6. Copy of Cargo Exclusions (found in your policy)
(i.e. -tobacco, locked vehicle, attended vehicle etc.)

If you have any questions please call 806-745-4200

Thank you,

Supply Chain Management, Inc.



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Supply Chain Express

Scope and Method of Operations

Supply Chain Management Inc. was established to assist all companies in managing their supply chain.

Our dedicated and professional team members are ready to work with you. Businesses of all types including manufacturing, transportation, logistics, distribution, consolidation, brokerage, consulting and many more benefit when selecting SCMI and Supply Chain Express.

Company Profile

Company Name:	Supply Chain Management, Inc. 2510 Texas Ave. Lubbock, TX 79411-2327
Officer:	Florentino Gamueda III President
Telephone:	806.745.4200
Fax:	806.745.1084
Federal ID:	20-2610639
SCAC Code:	SUCM
Supply Chain Management Inc.:	MC# 521175-B MC# 537957-P
BMC 85 "Property Brokers Trust Fund Agreement":	Pacific Financial Assoc. Scottsdale, AZ
BOC3 & Agents of Service:	Safe Trucker Oklahoma City, OK
Insurance Agent:	Texas Truck Insurance Agency Inc. Dallas, TX 214-951-1900 x330
Banking Information:	Wells Fargo, Wachovia and Bank of America



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Please complete Carrier Profile Form.

Carrier name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Sales Contact: _____

Fax: _____ Night Phone: _____ Emergency Phone: _____

E-mail: _____ Website: _____

Dispatch Contact: _____ Telephone: _____ Ext. _____

Fax: _____ E-Mail: _____

Operations Contact: _____ Telephone: _____ Ext. _____

Fax: _____ E-Mail: _____

Billing Contact: _____ Telephone: _____ Ext. _____

Fax: _____ E-Mail: _____

Claims Manager: _____ Telephone: _____ Ext. _____

Fax: _____ E-Mail: _____

Address to remit payments to if different from above: _____

Does your company require a 1099? _____

 Yes No

EQUIPMENT Numbers please: Owned or Leased # of Power Units_____

Single_____Team_____Logistics Van_____ Pads Y/N Straps Y/N

48' Vans_____53' Vans_____Air Ride_____Logistics Reefer_____Cargo Bar Y/N

48' Reefers_____53' Reefers_____Drop Deck_____Liftgate Van_____Decking Bar Y/N

Flatbeds_____Sided Flatbeds_____Intermodal_____Liftgate Flat_____LTL Y/N

Other Equipment _____

Will you drop trailers for loading? Yes_____ No_____

Do you have Hazmat Authority and adequate insurance coverage for Hazmat?

Yes No

Where is your equipment consistently available for loading opportunities?_____

We are interested in loads in the following lanes by state:

From:_____

To:_____

Does your company offer on-line load tracking? Yes No

How does your company stay in contact with its drivers?_____

Do you operate as a Broker or Freight Forwarder? Yes No

Do you have 24-hour customer service? Yes No

What is your company's on-time percentage? On-time pickup percentage_____

On-time delivery percentage_____

ICC#_____Federal ID #_____SCAC CODE:_____

Is your company a corporation? _____

Please include a copy of your most recent DOT safety review.

Supply Chain Management, Inc. Transportation Contract

In consideration of the mutual promises and covenants set forth in this Transportation Contract (the "contract"), SCMI, a licensed transportation broker ("BROKER") and _____, a licensed motor carrier ("CARRIER") agree as follows:

1. Services and Term. Carrier agrees to provide transportation and related services for Broker and to satisfy distinct transit and pricing requirements agreed to by the parties from time to time during this Contract's term. These transit and pricing requirements will be confirmed in Brokers written rate confirmation sheet that will be issued for every load Carrier transports for Broker during this contract's term. This Contract's term commences on _____, 20_____, and shall continue in effect until terminated by either party upon thirty (30) days advance written notice to the other party. Carrier agrees that it will not "back solicit" traffic from any shipper, consignee or customer of Broker, provided that during this Contract's term and for the first twelve (12) month following the termination of this Contract, carrier agrees to pay Broker 20% of the gross amount invoiced by Carrier for its services concerning each load that breaches the foregoing covenant to not "back solicit."

2. Independent Contractor Status. Carrier's services pursuant to this Contract shall be rendered as an independent contractor of Broker. The relationship of employer and employee does and shall not exist between Broker and any of Carrier's workers or helpers. Carrier's employees shall be subject to the control and direction of Carrier at all times, and Carrier shall be solely responsible for compensations its employees and providing at Carrier's sole expense employment benefits of whatever nature for Carrier's employees. Broker shall not provide nor be responsible to pay for any compensation and/or benefits for any of Carrier's officers, employees or agents. As an independent contractor, Carrier is responsible to and shall secure and pay at Carriers sole cost (1) any and all insurance as may be required payroll, taxes, whether federal, state or local in nature, including, but not limited to worker's compensation insurance and disability insurance, and (2) all required payroll taxes, whether federal, state or local in nature, including, but not limited to, income taxes, FICA taxes, unemployment compensation taxes, and any other fees, charges or licenses required by law. If a court or administrative agency finds that Carrier or any other officer, employee or agent of Carrier is an employee of Broker in the performance of services pursuant to this Contract, and/or Broker is otherwise responsible for the payment of some or all of Carrier's payroll taxes, insurance costs and/or employee benefits, then Carrier shall indemnify and hold Broker, its officers, employees and agents harmless and shall pay all of Brokers (and Broker's officers', employees', and agents') related fines, damages, assessments, benefits, and attorneys' fees.

3. Compensation. Broker shall compensate Carrier for each load transported by Carrier at the rate identified in the written rate confirmation sheet issued by Broker with respect to such load. Broker shall pay such compensation within 28 days after the first date on which Broker has received from Carrier all of the following items relating to such load: Carrier's invoice, including the assigned rate confirmation number, shipper's bill of lading, a signed delivery receipt proving exception-free delivery, any receipts providing preauthorization reimbursement expenses, and all other documents required by Broker or Shipper. Carrier agrees that Broker may withhold any compensation due pending settlement between the parties of any claims of the type reference in paragraph 4 of this Contract. Broker and Carrier agree that Broker is the sole party responsible for payment of Carrier's Charges. Carrier shall not seek payment from Shipper is Shipper can prove payment to Broker.

4. Hold Harmless and Indemnification. Carrier shall be solely responsible for any and all losses, damages, costs, claims, and liabilities associated with the transportation services it provides hereunder, including without limitation, all claims related to personal injuries or death, and any loss or damage to the cargo, while in Carrier's possession or while in the possession of Carrier's agents or designees. Carrier shall indemnify and hold harmless Broker from and against any and all claims, demand, suits, losses, costs, expenses or liabilities (including attorney's fee and costs) related to or arising out of the transportation services provided by Carrier and/or Carrier's failure to perform or comply with any covenant or obligation required of it by this Contract.

5. Insurance. Carrier shall at all times maintain the following insurance coverage: (1) auto liability coverage covering all losses associated with the transportation services provided hereunder, with the minimum coverage of \$1 million per occurrence; and (2) property/casualty insurance covering the loss of any cargo for any reason without exclusion while in the custody and control of the Carrier, with minimum coverage of \$100,000 per occurrence. Such cargo coverage must cover all types of commodities without exclusion. Carrier shall provide Broker with (1) a certificate of the foregoing policies within three (3) days of signing this Contract, (2) advance written notice of any charges to such policies, and (3) all other and further information and documentation related to the policies that Broker requests. In the event of a claim or loss, Carrier will submit immediately all documents and information to support the claim to the applicable insurance company, with copies to Broker.

6. Governing Law. The parties' respective rights and obligations under this Contract shall be governed by (1) the rules and regulations pertaining to transportation of general commodities by motor carrier as promulgated by the Interstate Commerce Commission and (2) except as otherwise provided by the immediately preceding clause, the laws of the State of Texas. The parties agree that the litigation of any disputes arising under this Contract shall take place in the applicable federal or state court in Lubbock, Texas and hereby consent to such venue and jurisdiction.

7. Third party Carriers. Carriers shall not allow a third party Carrier to transport any loads of goods brokered to Carrier by Broker without Broker's prior express written consent, in which case the third party Carrier must first sign a Transportation Contract with Broker. In the event Carrier double brokers any load to a third party Carrier without Broker's prior express written consent, Broker, may reduce the rate for such load in Broker's discretion. Broker shall have the right of paying the monies it owes Carrier directly to the delivering carrier in lieu or payment to carrier. Upon Broker's payment to delivering Carrier, Carrier shall not be released from any liability to Broker under this agreement. In addition to the indemnity obligation in paragraph 4, Carrier will be liable for consequential damages for violation of this paragraph. Carrier shall be liable for any other remedies and damages permitted by law and this Contract, which remedies and damages shall be cumulative.

8. Miscellaneous. This Contract is not assignable by Carrier. This Contract shall inure to the benefit of, and be enforceable by the parties and their lawful successors, heirs, and permitted assigns. This Contract may not be amended or changed, and no term, covenant, or condition may be waived, except in a writing signed by all the parties to this Contract. The waiver of any breach of any term or condition of this Contract shall not be deemed to constitute the waiver of any other breach of the same or any other term and condition. If one or more of the provisions contained in this Contract shall be held invalid, illegal or unenforceable in any respect, such invalidity, illegality, or unenforceability shall not affect any other provision of this Contract. This Contract contains the entire understanding of the parties and is a complete and exclusive statement of the terms of agreement. In the event it is necessary for the enforcement of this Contract to employ legal counsel, the prevailing party shall be entitled to reimbursement from the other party for out-of-pocket expenses and reasonable attorneys' fees.

Supply Chain Management, Inc. ("BROKER") _____ ("CARRIER")
By: _____ Date: _____ By: _____ Date: _____
Name & Title: _____ Name & Title: _____



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Fuel Advance -

Must be pre-approved prior to dispatch.

SCMI charges an 8% fuel advance fee **AND** a \$25.00 check and or wire fee. The maximum amount allowed on a fuel advance is 40% of total flat rate. Carrier **MUST** provide proof of BOL before receiving a fuel advance.

*Subject to availability.

*Rates subject to change.

Quick Pay -

Must be pre-approved prior to dispatch.

SCMI charges an 8% quick pay fee on the total amount due.

Quick pay is paid via check within one (1) to five (5) business days **upon receipt** of invoice and original proof of delivery. All documents submitted must be legible.

*Subject to availability.

*Rates subject to change.

Basic Billing -

Upon receipt of invoice and original proof of delivery SCMI will pay within net 30 days.

All documents submitted must be legible.

Please sign and return via email or fax.

Signature

Date

Carrier



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Lubbock, Texas 79411-2327
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www.supplychainmgt.net

References:

McAdams Trucking
P.O. Box 9158
Albuquerque, NM 87119
Ray McAdams
(505)249-1383

Tim Baker Trucking
74542 Road 389
Curtis, NE 69025
Pat Baker
(308)367-5430

Sean Kauffman Farms
1675 Bears Rd
Levelland, TX 79336
Sean Kauffman
(806)632-7710

Hickam Trucking Inc
P.O. Box 3548
Lubbock, TX 79452
Marshall Hickam
(806)798-9048

San-Lines Trucking
109 S. Ave K
Hale Center, TX 79041
Edward Sandoval
(806)729-4483



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Insurance Certificate Request

Please add our company as a certificate holder with your insurance company.

Please send proof to:

Supply Chain Management, Inc.
2510 Texas Ave.
Lubbock, TX 79411

806-745-4200
806-745-1084 fax
dispatch@supplychainmgt.net

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.	
	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 type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ 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.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	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.

Social security number									
				-			-		
or									
Employer identification number									
				-					

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.

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.

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:

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.