



Palletized Trucking Inc.
Accounting
PO Box 8744
Houston, TX 77249-8744
713-490-6815

PAYMENT INSTRUCTIONS

Dear Valued Customer,

In response to your request, please find below the information regarding the Bank Routing and Transit Number and the account information that you will need to provide to your remitters who will send ACH entries and Wire Transfers to your account:

- For Wire Transfer – Bank Routing and Transit Number: 114000093
- For ACH transactions – Bank Routing and Transit Number: 114000093
- Account Number – 502207451
- Swift Code – FRSTUS44
- Palletized Trucking, Houston, TX 77249

If you have any questions, please contact Accounts Receivable Associate at (713)490-6815 or by email credit@palletized-trucking.com.

Sincerely,

Accounts Receivable Associate



Palletized Trucking Inc.
Accounting
PO Box 8744
Houston, TX 77249-8744
713-225-3303

NEW CUSTOMER SETUP

All fields must be filled out, any supporting documents must be forwarded with request form

CUSTOMER DETAILS

Customer Name: _____

Address: _____

ACCOUNTS PAYABLE CONTACT PERSON

Name: _____

Title: _____

Direct Phone: _____ Fax: _____

Email Address: _____

If you choose to send ACH's see form, remittances need to be emailed to:

credit@palletized-trucking.com

INVOICING DETAILS

Purchase order requested (PO): _____ Yes _____ No

Bill of lading requested (BL): _____ Yes _____ No

Delivery receipt requested: _____ Yes _____ No

Any additional documents needed with invoice?

Any special invoicing requirements need to be listed here:

Would you like your invoices emailed? _____ Yes _____ No

If checked yes, provide email of where to send: _____

Would you like statements emailed? _____ Yes _____ No

If checked yes, provide email of where to send: _____

RETURN COMPLETED FORM TO CREDIT@PALLETIZED-TRUCKING.COM



Palletized Trucking Inc.
 Accounting – Credit Department
 PO Box 8744
 Houston, TX 77249-8744
 713-490-6815

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize Palletized Trucking Inc. to make a one-time debit to your credit card listed below.

By signing this form, you give Palletized Trucking Inc. permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize **Palletized Trucking Inc** to charge my credit card
 (full name)
 account indicated below for _____ on or after _____. This payment is for
 (amount) (date)

 (description of goods/services)

Billing Address _____

Phone Number _____ Email _____

SIGNATURE _____ DATE _____

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Cardholder Name _____
Account Number _____
Expiration Date _____
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

PALLETIZED TRUCKING INC.
2001 COLLINGSWORTH STREET
P.O. BOX 8744
HOUSTON, TEXAS 77249

GRAMM-LEACH-BLILEY ACT NOTIFICATION
THIS NOTICE IS FOR YOUR INFORMATION
----NO RESPONSE IS REQUIRED----

PRIVACY NOTICE TO OUR CUSTOMERS:

Palletized Trucking Inc. and each member of our family of companies and subsidiaries (our "Affiliates") strongly believe in protecting the confidentiality and security of the information that we collect about our customers. This notice refers to Palletized Trucking Inc. by using the term "us," and "we," or "our." This Notice describes our privacy policy and describes how we treat the information we receive (the "Information") about our customers.

WHY WE COLLECT AND HOW WE USE INFORMATION:

We collect and use Information for business purposes with respect to the extension of credit and other business relationships involving you. These business purposes include evaluating a request for the extension of credit, the request for doing business with us involving products or services, administering our products or services and processing transactions requested by you. We may also use the Information to offer you other products or services we provide, and to generally evaluate our business relationships with you.

WHY WE COLLECT INFORMATION:

We get most Information directly from you. The Information that you give us when applying for credit or making purchases generally provides the Information we need. If we need to verify Information or need additional Information, we may obtain Information from third parties such as mercantile commercial credit reporting agencies, (if appropriate) consumer credit reporting agencies and other sources permitted by the Fair Credit Reporting Act. Information collected may relate to your finances, business activities, credit history and other financial characteristics, as well as transactions with us or with others, including our Affiliates.

HOW WE PROTECT INFORMATION:

We treat Information in a confidential manner. Our employees are required to protect the confidentiality of Information. Employees may access Information only when there is an appropriate reason to do so, such as to administer or offer our products or services, including the extension of credit to you. We also maintain physical, electronic and procedural safeguards to protect Information; these safeguards comply with applicable laws. Employees are required to comply with our established policies.

INFORMATION DISCLOSURE:

We may disclose any Information when we believe it necessary for the conduct of our business, or where disclosure is required by law. For example, Information may be disclosed to others to enable them to provide business services for us, such as helping us to evaluate requests for credit extension by you, performing general administrative activities for us and assisting us in processing a transaction requested by you. Information may also be disclosed for auditor research purposes; or to law enforcement and regulatory agencies, for example, to help us prevent fraud. Information may be disclosed to Affiliates, as well as to others that are outside of Palletized Trucking Inc., such as companies that process data for us, companies that provide general administrative services for us, commercial credit reporting agencies and (if appropriate) consumer reporting agencies. We may make other disclosures of Information as permitted by law. Information may also be shared with our Affiliates so that they may offer you products or services consistent with your business needs.

ACCESS TO AND CORRECTION OF INFORMATION:

Generally, upon your written request, we will make available Information for your review. Information collected in connection with, or anticipation of, any claim or legal proceeding will not be made available. If you notify us that the information is incorrect, we will review it. If we agree, we will correct our records. If you do not agree, you may submit a short statement of dispute, which we will include in any future disclosure of Information.

FURTHER INFORMATION:

In addition to any other privacy notice we may provide, the Gramm-Leach- Bliley Act (the Financial Services Modernization Act) passed by Congress established new privacy standards, and requires us to provide this summary of our privacy policy to you once each year. You may have additional rights under other applicable laws such as the Equal Credit Opportunity Act and the Fair Credit Reporting Act. For additional information regarding our privacy policy, please contact us at Palletized Trucking Inc., P.O. Box 8744, Houston, TX 77249.

CONSUMER CREDIT INFORMATION:

You have the right to prohibit Information contained in any tile with a credit reporting agency from being used in any credit or insurance transaction that you did not initiate. To exercise the right, you may write to the following credit bureaus: Experian Credit Marketing, P. O. Box 919, Allen, TX 75013; Equifax Options, P. O. Box 740123, Atlanta, GA 30374-0123; and TransUnion Name Removal Opt-Out Request, P.O. Box 97328, Jackson, MS 39288. This only applies to consumer credit information as defined in the Fair Credit Reporting Act.

Palletized Trucking Inc.
PO Box 8744
Houston, TX 77249-8744
Phone: 713-225-3303 Fax: 713-225-0110



Application for Credit

COMPANY INFORMATION:

Applicant's Legal Name _____

Street Address _____

Mailing/Billing Address _____

Telephone _____ Fax _____ Website _____

Accounts Payable Contact _____ Title _____

Telephone _____ Fax _____ e-mail _____

Type of Business _____ Proprietorship ___ Partnership ___ Corporation ___

Purchase Orders Required? Yes ___ No ___ SIC Code _____ Federal ID No.: _____

Officers: President _____ Vice President _____ Sec/Treas _____

Credit Terms Granted to Customers _____ Date Incorporated _____

Parent Company Name _____

Parent Company Address, and Phone No. _____

Check One: Branch ___ Division ___ Subsidiary ___ None ___

BANK INFORMATION:

Bank Name _____ Address _____

Phone No.: _____ Bank Officer _____

Title: _____ Account Type _____ Account No. _____

TRADE REFERENCES:

Reference: _____ Phone No.: _____

Contact Name _____ email: _____

Reference: _____ Phone No.: _____

Contact Name _____ email: _____

Reference: _____ Phone No.: _____

Contact Name _____ email: _____

Reference: _____ Phone No.: _____

Contact Name _____ email: _____

TERMS: NET 20 DAYS FROM DATE OF INVOICE Accounts 60 days past due are automatically place on COD

PERSONAL CREDIT INFORMATION (if Company is a Proprietorship or if a personal guarantee is required):

Name: _____ Social Security No.: _____

Address: _____

The above information is for the purpose of obtaining credit and is warranted to be true and correct. I/we hereby authorize Palletized Trucking Inc. to investigate my/our credit and financial responsibility. I/we hereby authorize my/our banks, trade references, and credit bureau agencies (ID needed) to release to Palletized Trucking Inc. any information required to process the request for credit extension. Applicant's signature attests financial responsibility, ability, and willingness to pay Palletized Trucking Inc. invoices in accordance with the terms and conditions stated in this application. In the event of non-payment, customer agrees to pay reasonable collection fees, attorney fees and court costs incurred to collect unpaid debt in addition to the balance due.

Firm Name _____ Date _____

Authorized Signature _____ Title _____

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Palletized Trucking Inc.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input checked="" 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: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its 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.) See instructions. 2001 Collingsworth	Requester's name and address (optional)
	6 City, state, and ZIP code Houston, TX 77009	
	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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
or										
Employer identification number										
7	4		-	1	6	5	5	5	8	5

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 for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶ 01/01/2024
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General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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, later.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/28/2024

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 Brown & Brown Insurance Services, Inc. 1125 17th Street Suite 1450 Denver, CO 80202 USA	1-720-279-3400	CONTACT NAME: PHONE (A/C No. Ext): 720.279.3400 E-MAIL ADDRESS: denvercerts@bbrown.com	FAX (A/C, No): 720.279.3401
INSURED Palletized Trucking, Inc PO Box 8744 Houston, TX 77249 USA		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: PROTECTIVE INS CO	12416
		INSURER B: TEXAS MUT INS CO	22945
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 750049493

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			XA1117-24	03/01/24	03/01/25	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ Excluded MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			XA1117-24	03/01/24	03/01/25	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			0001094467	03/01/24	03/01/25	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER

CANCELLATION

Evidence of Coverage	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 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/31/2024

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 Cadence Insurance / Warriner Companies 11111 Wilcrest Green Drive, Suite 101 Houston TX 7704	CONTACT NAME: Breanna Langford	
	PHONE (A/C. No. Ext): 713-785-5252	FAX (A/C. No):
E-MAIL ADDRESS: breanna.langford@cadenceinsurance.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Underwriters at Lloyd's London		32727
INSURED Palletized Trucking Inc. P.O. Box 8744 Houston TX 77249	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 1453549918

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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Motor Truck Cargo			238373065	2/1/2024	3/1/2025	Per Unit \$250,000
A	Trailer Interchange			238373064	2/1/2024	3/1/2025	Per Unit \$50,000

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

CERTIFICATE HOLDER**CANCELLATION**

For Information Only

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

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INTERSTATE COMMERCE COMMISSION

PERMIT

No. MC 148279 (sub 4-p)

PALLETIZED TRUCKING INC.
HOUSTON, TX

This Permit is evidence of the carrier's authority to engage in transportation as a contract carrier by motor vehicle.

This authority will be effective as long as the carrier maintains compliance with the requirements pertaining to insurance coverage for the protection of the public (49 CFR 1043); the designation of agents upon whom process may be served (49 CFR 1044); the execution of contracts (49 CFR 1053); and for passenger carriers, tariffs or schedules (49 CFR 1312).

This authority is subject to any terms, conditions, and limitations as are now, or may later be, attached to this privilege.

The transportation service to be performed is described on the reverse side of this document.

By the Commission.

SIDNEY L. STRICKLAND, JR.
Secretary

(SEAL)

NOTE: If there are any discrepancies regarding this Permit, please notify the Commission within 30 days.

INTERSTATE COMMERCE COMMISSION
CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

MC - 148279 Sub 2

PALLETIZED TRUCKING INC.
HOUSTON, TX

This Certificate of Public Convenience and Necessity is evidence of the carrier's authority to engage in transportation as a common carrier by motor vehicle.

This authority will become effective only when the carrier has met the compliance requirements pertaining to insurance coverage for the protection of the public (49 CFR 1043), the designation of agents upon whom process may be served (49 CFR 1044), and tariffs or schedules (49 CFR 1300 through 1310, revised). The carrier shall also render reasonably continuous and adequate service to the public. Failure to meet these conditions will constitute sufficient grounds for the suspension, change, or revocation of this authority.

This authority is subject to any terms, conditions, and limitations as are now, or may later be, attached to this privilege.

For common carriers with irregular route authority: Any irregular route authority authorized in this certificate may not be tacked or joined with your other irregular route authority unless joinder is specifically authorized.

The transportation service to be performed is described on the reverse side of this document and will be valid as long as the carrier maintains compliance with the above requirements.

By the Commission.
