



Customer Packet

5511 Rafe Court

Flowery Branch, GA 30542

678-997-2535

www.boosttransport.net

Office Hours M-F 0800-1700

Mailing Address:

Boost Transport LLC

PO Box 852

Oakwood, GA 30566

Office: 678-997-2535

Fax: 800-282-1735

Company Info:

Federal ID# 27-1544650

MC# 1014378

DOT# 3233767

SCAC Code- BOVT

Officers- Todd Gailey & Dusty Benefield

Date of Incorporation: December 23, 2009 **State of Incorporation:** Gainesville, GA

All payments should be mailed to:

Boost Transport LLC

PO Box 852

Oakwood, GA 30566

Accounting Contact:

Sara Bagley- Accounting

Office: 678-997-2535 Ext 1006

accounting@boosttransport.net

Office Support Contacts:

678-997-2535 or 877-873-8535

Katelyn Robertson- Customer Support

katelyn@boosttransport.net

Michelle Bell- Customer Support

michelle@boosttransport.net

Jazmin Castillo- Customer Support

jazmin@boosttransport.net

Dusty Benefield- Owner

dusty@boosttransport.net

Todd Gailey- Owner

todd@boosttransport.net

Beth Hart- Customer Support

beth@boosttransport.net

Todd Redish- President

toddredish@boosttransport.net

Gunnar Armstrong-Warehouse Mgr

gunnar@boosttransport.net

Boost Transport is a NET 30 company

We accept all major credit cards.



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.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Boost Transport LLC

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.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ S

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.

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) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
PO BOX 852

6 City, state, and ZIP code
Oakwood, GA 30566

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type. See Specific Instructions on page 3.

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

2	7	-	1	5	4	4	6	5	0
---	---	---	---	---	---	---	---	---	---

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 ▶ 1/3/2023

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)

01/11/2023

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 Turner, Wood, & Smith Agency, Inc. 1515 Community Way PO Box 1058 Gainesville GA 30503		CONTACT NAME: Monica Jernigan PHONE (A/C, No, Ext): (770) 536-0161 E-MAIL ADDRESS: monica.jernigan@twinsurance.com	FAX (A/C, No): (770) 536-1283
INSURED Boost Transport LLC P.O. Box 852 Oakwood GA 30566		INSURER(S) AFFORDING COVERAGE	
		INSURER A: All America/Preferred	NAIC # 20222
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** CL2233028115**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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	CLP9916608	05/21/2022	05/21/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Empl Practices Liab Ins \$ 100,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CLP9916608	05/21/2022	05/21/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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 RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Warehouse Legal Liability			CLP9916608	05/21/2022	05/21/2023	Limit \$10,000,000 Deductible \$10,000

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

Certificate Holder and/or Owner are Additional Insureds when required by written contract with regards to General Liability; Coverage is Primary and Non-Contributory and Waiver of Subrogation applies all under Form #8-1889 07-14 and CG2001 04-13.

CERTIFICATE HOLDER**CANCELLATION**

For Informational Purposes For Informational Purposes For Informational Purposes For Informational Purposes	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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CREDIT APPLICATION AND PURCHASE AGREEMENT

BUSINESS NAME: (DBA)

STREET ADDRESS:

CITY:

STATE:

ZIP:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

SALES TAX EXEMPTION #:

TELEPHONE#:

CHECK ONE:

SOLE PROPRIETORSHIP

PARTNERSHIP

CORPORATION

LLC

DATE BUSINESS BEGAN:

GROSS ANNUAL SALES (Previous Year):

THE ACCOUNTS PAYABLE CONTACT FOR THE COMPANY IS:

NAME:

PHONE #

EMAIL ADDRESS:

THE SHIPPING CONTACT FOR THE COMPANY IS:

NAME:

PHONE #

EMAIL ADDRESS:

PLEASE FURNISH THREE CREDIT REFERENCES: (Non-Trucking / 3PL)

ALL CREDIT REFERENCES ARE SPECIFICALLY AUTHORIZED TO PROVIDE CREDIT AND ACCOUNT INFORMATION TO BOOST TRANSPORT. THE UNDERSIGNED REPRESENTS AND VERIFIES THAT THE INFORMATION CONTAINED IN THIS CREDIT APPLICATION AND PURCHASE AGREEMENT IS TRUE AND CORRECT AND THAT HE/SHE HAS THE AUTHORITY TO EXECUTE THIS CREDIT APPLICATION AND PURCHASE AGREEMENT.

- | | | |
|----------|-------------|--------|
| 1. NAME: | TELEPHONE : | |
| CONTACT: | FAX: | EMAIL: |
| 2. NAME: | TELEPHONE : | |
| CONTACT: | FAX: | EMAIL: |
| 3. NAME: | TELEPHONE : | |
| CONTACT: | FAX: | EMAIL: |

TERMS AND CONDITIONS

CUSTOMER HEREBY AGREES THAT ALL PURCHASES MADE ARE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS:

CUSTOMER AGREES TO THE TERMS AND CONDITIONS SET FORTH BY BOOST TRANSPORT, LLC. THE TERMS AND CONDITIONS SET FORTH ARE INCORPORATED HEREIN AS IF SET FORTH WORD FOR WORD.

ALL AMOUNTS DUE FOR SERVICES PURCHASED FROM BOOST TRANSPORT, LLC. ARE PAYABLE AT P.O. BOX 852 OAKWOOD, GA 30566, NO LATER THAN THE DUE DATE SPECIFIED ON YOUR INVOICE. THE SERVICES PURCHASED FROM BOOST TRANSPORT, LLC. ARE NOT PAYABLE IN INSTALLMENTS BUT ARE PAYABLE IN FULL AS STATED HEREIN.

CUSTOMER SHALL PAY, IN THE EVENT ITS ACCOUNT BECOMES DELINQUENT AND IS TURNED OVER TO AN ATTORNEY FOR COLLECTION, REASONABLE ATTORNEY'S FEES PLUS ALL COURT COSTS AND ATTENDANT COLLECTION COSTS. ALL LATE PAYMENTS ARE SUBJECT TO FINANCE CHARGES UP TO THE MAXIMUM ALLOWED BY LAW.

THIS PURCHASE AGREEMENT IS PERFORMABLE IN GAINESVILLE, HALL COUNTY, GEORGIA. THE AGREEMENT SHALL BE GOVERNED BY THE LAWS OF THE STATE OF GEORGIA. CUSTOMER CONSENTS AND AGREES THAT BOOST TRANSPORT, LLC. MAY MAINTAIN ANY SUIT TO ENFORCE THIS PURCHASE AGREEMENT OR TO COLLECT ANY DEBT OWED TO BOOST TRANSPORT, LLC. IN ANY COURT IN HALL COUNTY, GEORGIA WHICH HAS SUBJECT MATTER JURISDICTION, AND CUSTOMER EXPRESSLY CONSENTS AND SUBMITS TO THE JURISDICTION, AND WAIVES ANY OBJECTION TO VENUE OR PERSONAL JURISDICTION, OF ANY SUCH COURT.

THE UNDERSIGNED ACKNOWLEDGES AND AGREES THAT THE GOODS AND SERVICES ARE SOLD TO CUSTOMER IN RELIANCE ON THE INFORMATION PROVIDED HEREIN. THE UNDERSIGNED FURTHER ACKNOWLEDGES AND CONFIRMS THAT HE/SHE HAS THE EXPRESS AND ACTUAL AUTHORITY TO EXECUTE THIS CREDIT APPLICATION AND PURCHASE AGREEMENT ON BEHALF OF CUSTOMER.

SIGNED: _____ DATE: _____

NAME (Print): _____ TITLE: _____