



“SERVING THE TRANSPORTATION INDUSTRY”

4605 Crossroads Industrial Drive
St. Louis, MO 63044
Phone: (314) 739-6000
Fax: (314) 739-6606

1520 E Chain of Rocks Road
Granite City, IL 62040
Phone: (618) 875-3035
Fax: (618) 875-0459

CREDIT APPLICATION

Name: _____ Max Credit Applied For: _____
Name of Business: _____
Address (No PO Boxes): _____
Billing Address: _____
City: _____ State: _____ ZIP: _____ D&B # _____
Phone Number: _____ Company A/P Contact Name & Email: _____
Email address for invoices & Statements: _____
Tax Exempt: [] Yes [] No (If yes, please include tax exempt form when returning credit application.)
[] Corporation [] Partnership [] Sole Proprietor [] Other
If Corporation, Year of Corporation: _____ State of Corporation: _____ PO Required?: [] Yes [] No
Company Officers Name: _____ Phone # _____
Title: _____ SS # _____
Home Address: _____

Credit References

Name: _____ Name: _____
Address: _____ Address: _____
City, State, Zip: _____ City, State, Zip: _____
Name: _____ Name: _____
Address: _____ Address: _____
City, State, Zip: _____ City, State, Zip: _____

Bank Reference

Bank Name: _____ Account #: _____
Address: _____ Contact: _____
City, State, Zip: _____ Telephone: _____

Application and Agreement for Open Account

If sales tax exemption forms are not completed and returned with signed credit application, sales tax will be charged according to the state tax schedule. Customer hereby applies for credit on open account with AAA Truck & Trailer Services, LLC. I understand and agree that if this application is accepted and an open account is issued, all invoices issued by AAA Truck & Trailer Services to customer are due within 30 days of the invoice date. Customer also agrees that in the event any collection efforts or legal proceedings are instituted on the account, Customer will be responsible for payment of all reasonable expenses incurred in collection of the claim, including reasonable attorney’s fees and court costs. Late or delinquent payments shall be subject to an interest charge of 1½% per month from due date until paid.

I hereby authorize to execute this application on behalf of customer:
Customer Name _____
Completed By _____
Title _____ EIN # _____
Date _____



4605 Crossroads Industrial Drive
Bridgeton, MO 63044

AAA Trailer Services Payment Information

ACH Bank Information:

UMB Bank
PO Box 419226
Kansas City, MO 64141-6226

Bank Account Name: AAA Trailer Services

Bank Account Number: 9872718879

ACH Bank Routing Number: 101000695

Please send remittance to: ar@aaatrl.com

Check Payment Address by mail:

AAA Truck & Trailer Services
4605 Crossroads Industrial Drive
Bridgeton, MO 63044

Credit card payments:

Please call, email the office, or stop by our facility.
There is a 3.5% convenience fee (unless for storage/leasing)

Attached is the W9 for AAA Truck & Trailer Services, Inc. and our credit card authorization form.



4605 Crossroads Industrial Dr Bridgeton, MO 63044
Office: 314-739-6000 Fax: 314-739-6606 FEIN: 93-1552291

Credit Card Authorization

AAA Trailer Services requires a credit card to remain on file until AAA Trailer Services chooses to release the applicant of this requirement. When the applicant's account exceeds 30 days from date of invoice, that amount may be charged to the credit card on file. Please provide the following information, which will be held in the strictest confidence and forwarded to our Accounting Manager. A convenience fee of 3.5% will apply when choosing to use a credit card as a payment method.

Credit Card:

VISA MasterCard Discover AMEX

Credit Card #:

Expiration Date (mm/year)

Name as it appears on the card (print):

Address on Card Billing Statement:

Zip Code on Card Billing Statement:

3-digit Security Code (found in strip on back side of card)

Signature X _____

**Request for Taxpayer
 Identification Number and Certification**

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

Give form to the
 requester. Do not
 send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<p>1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) AAA Acquisitions Co.</p> <p>2 Business name/disregarded entity name, if different from above. AAA Truck & Traller Services, Inc. dba AAA Trailer Services</p> <p>3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input checked="" type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions)</p> <p>3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/></p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p align="center"><i>(Applies to accounts maintained outside the United States.)</i></p>
	<p>5 Address (number, street, and apt. or suite no.). See instructions. 4605 Crossroads Industrial Drive</p> <p>6 City, state, and ZIP code Bridgeton, MO 63044</p> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

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.

Social security number										
or										
Employer identification number										
9	3		1	5	5	2	2	9	1	

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* 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 for Part II, later.

Sign Here	Signature of U.S. person	Date <u>01/21/2025</u>
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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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/25/2024

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 Acrisure Midwest Partners Insurance Services LLC 16805 W. Cleveland Avenue New Berlin, WI 53151	CONTACT NAME: Donna Albers PHONE (A/C, No, Ext): (314) 499-8486 FAX (A/C, No): E-MAIL ADDRESS: dalbers@acrisure.com
	INSURER(S) AFFORDING COVERAGE
INSURED AAA Trailer Services, Inc. 4605 Crossroads Industrial Dr. St. Louis, MO 63044	INSURER A: The Travelers Indemnity Company NAIC # 25658
	INSURER B: Travelers Property Casualty Company of America 25674
	INSURER C: First Dakota Indemnity Company 10351
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES **CERTIFICATE NUMBER:** **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:			P-660-0X234793	7/14/2024	7/14/2025	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 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			BA-0X202537	7/14/2024	7/14/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			CUP-0X24111A	7/14/2024	7/14/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
C	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	WC020-0079742-2024A	11/10/2024	11/10/2025	<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)
B: Garagekeepers: BA-0X202537: 07/14/24 to 07/14/25; Limits - See Below
Location #1 - 4605 Crossroads Industrial Dr., Bridgeton, MO 63044

Garagekeepers Location #1 (MO) Comp. \$300,000 Collision \$300,000. Comp. Deductible: \$500. Collision Deductible: \$500.

CERTIFICATE HOLDER For Informational Purpose Only	CANCELLATION 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 