



From: AJC Logistics, LLC dba Eagle Logistics Systems

Headquarters:

1000 Abernathy Rd NE, Suite 600
Atlanta, GA 30328
1-877-331-0794
imports@ajclogistics.com
exports@ajclogistics.com
www.ajclogistics.com

Logistics Service

Center/Warehouse:

11084 Cabot Commerce Circle,
Bldg. 4 Suite 100
Jacksonville, FL 32226
1-877-331-0794
dispatch@ajclogistics.com
www.ajclogistics.com

Puerto Rico Office/Warehouse:

Puerto Rico Foreign Trade Zone
Buchanan Office Center, Suite 212
Rd. 165 No. 40,
Guaynabo, Puerto Rico 00968
1-787-792-0606
info@eagle-logistics.com
www.eagle-logistics.com

Who We Are:

With more than 45 successful years in business, the AJC Group is a global refrigerated food leader. In 1998, leveraging our knowledge, experience and strength in international logistics, we began offering 3rd party logistics services to our strategic customers and suppliers worldwide.

Today, AJC Logistics proudly offers a wide array of logistics solutions including trucking/intermodal, warehousing, distribution, freight forwarding, and NVOCC across a variety of industries.

Services Include:

Truckload Service throughout Continental U.S., Canada, and Mexico for Dry and Refrigerated Cargo

Containerized Drayage throughout Continental U.S. for Dry and Refrigerated Cargo

Top Service Provider for Jones Act Trades (to/from Continental U.S into Puerto Rico, Alaska, and Hawaii)

International Rail, Air and FCL/LCL Ocean Freight

Warehousing/Consolidation

Featuring an AIB Warehouse Rating 990 out of 1,000 in Jacksonville, FL Facility

Document Instructions: Please have your accounting or credit department complete, and return form to AJC Logistics Credit Department via fax (1-404-942-1502) or email (credit@ajclogistics.com).

Invoice Payment: Once the completed Customer Profile is received, the AJC Logistics Credit Department will send payment instructions via secure email.

Required:

COMPANY INFORMATION

Official Business Name:

Physical address:

Phone #:

Fax #:

E-mail:

Website:

Years in business:

Type of business:

EIN Number:

Form of the Business (Check One):

Solo Owner Partnership S Corporation C Corporation LLC

Subsidiary Corporation: YES NO

If Subsidiary Corporation, please provide Parent Corporation Information:

Name:

Address:

If Corporation, year of Incorporation: State of Incorporation:

(REQUIRED ALONG WITH SIGNED W-9 FORM – SEE PAGE 5) Social Security Number (if Individual, Sole Proprietary or Partnership):

Amount of Credit Requested: \$ _____

OWNER/PARTNERS/STOCKHOLDERS/OFFICERS OF COMPANY

Please provide **four (4)** business references (preferably product suppliers)

Name:	<input type="text"/>	Name:	<input type="text"/>
Phone #:	<input type="text"/> <input type="text"/>	Phone #:	<input type="text"/> <input type="text"/>
E-mail:	<input type="text"/>	E-mail:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
Name:	<input type="text"/>	Name:	<input type="text"/>
Phone #:	<input type="text"/> <input type="text"/>	Phone #:	<input type="text"/> <input type="text"/>
E-mail:	<input type="text"/>	E-mail:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>

TRADE REFERENCES

Please provide **four (4)** business references (preferably product suppliers)

Name:	<input type="text"/>	Name:	<input type="text"/>
Phone #:	<input type="text"/> <input type="text"/>	Phone #:	<input type="text"/> <input type="text"/>
E-mail:	<input type="text"/>	E-mail:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
Name:	<input type="text"/>	Name:	<input type="text"/>
Phone #:	<input type="text"/> <input type="text"/>	Phone #:	<input type="text"/> <input type="text"/>
E-mail:	<input type="text"/>	E-mail:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>

BANK REFERENCES

Name:	<input type="text"/>	Phone #:	<input type="text"/> <input type="text"/>
Address:	<input type="text"/>	Fax #:	<input type="text"/> <input type="text"/>
E-mail:	<input type="text"/>		
Account number:	<input type="text"/>	Bank officer/contact	<input type="text"/>

BILLING INFORMATION

Accounts Payable (Required Information)

Billing Address: _____

Email Address for Invoices: _____

Name: _____ Title: _____

Phone #: _____ Fax #: _____

AJC LOGISTICS, LLC reserves the right to:

- 1. Withdraw credit privileges should the account not be maintained according to credit terms.
- 2. Request an additional payment should a credit limit be exceeded. Request a cash in advance payment to prior to any orders being accepted.
- 3. Refuse credit privileges if deemed necessary.

Credit terms are **Net 30 days** unless otherwise specified in writing and signed by an officer of AJC Logistics, LLC dba Eagle Logistics Systems.

This agreement shall be governed under the laws of the State of Georgia. Any action brought under this Agreement or involving in any manner whatsoever the relationship AJC Logistics, LLC and Applicant shall be determined under Georgia law. Applicant hereby consents to submit to jurisdiction of the state or federal courts of the State of Georgia and agrees that such Courts within Fulton County, State of Georgia, shall have original exclusive jurisdiction over all matters and all disputes between the parties hereto regardless of the origin of such disputes and agrees that personal jurisdiction shall reside with such courts for purposes of any action or proceeding on or related an agreement between AJC Logistics, LLC and Applicant. Should Applicant be a corporation or other business entity, the signatories hereto, affirm, and assure that they have authority to bind such business entity.

Declaration:

- I/We hereby confirm that to the best of my/our knowledge the above statements are true.
- I/We make this application to open an account with AJC Logistics LLC and indicate my permission to obtain credit information from the sources referenced.
- I/We understand that credit terms are Net 30 Days upon date of invoice.
- I/We confirm financial responsibility and willingness to pay invoices in accordance with terms.
- I/we further agree to pay all legal and collection costs, to include court costs, attorney's fees and interest at the rate of 1-1/2% per month, incurred by AJC Logistic, LLCs to collect all amounts due which become in default of the terms of the credit extended.

Authorized Signature of Applicant

Name (Please print):

Title: _____

Date: _____

Form **W-9**
 (Rev. December 2014)
 Department of the Treasury
 Internal Revenue Service

**Request for Taxpayer
 Identification Number and Certification**

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

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:
 Individual/sole proprietor or single-member LLC
 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.
 Other (see instructions) ▶ _____
 C Corporation
 S Corporation
 Partnership
 Trust/estate

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) _____
 (Apply to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
 6 City, state, and ZIP code
 7 List account number(s) here (optional)

Requester's name and address (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.

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.

Social security number									
				-			-		
OR									
Employer identification number									
				-					

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 on page 3.

Sign Here

Signature of U.S. person ▶

Date ▶

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/ww9.

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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- 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
- 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.