



# SKY FLY TRUCKING LLC

## **Customer Setup Form**

Welcome to **SKY FLY TRUCKING LLC**. To get you set up with our company, we will need the following information and paperwork emailed to us at [Creditdepartment@skyflytrucking.com](mailto:Creditdepartment@skyflytrucking.com) and [Accounting@skyflytrucking.com](mailto:Accounting@skyflytrucking.com).

- Our Customer Profile needs to be completed If you have a pre-typed form, please feel free to include it but our form will need to be completed as well.
- A copy of your Authority (Kindly attach with this document)
- A W-9 indicating Corporation, Partnership, etc.

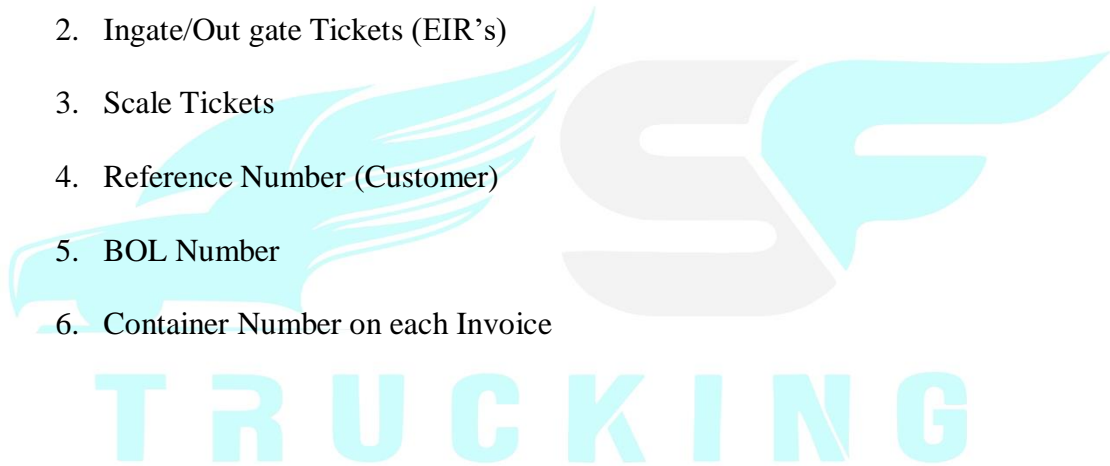
*All of the above information must be completed and sent to us before setting up your company in our system. If you have any questions, please feel free to contact us at **844-738-3994** or email us at [info@skyflytrucking.com](mailto:info@skyflytrucking.com)*

1900 Polaris Parkway Suite 450. Columbus, OH 43240 USA

Phone: **+1-(844) 738-3994**, [www.skyflytrucking.com](http://www.skyflytrucking.com)

- ❖ Name of the company: Supply Stacker LLC.
- ❖ DBA: \_\_\_\_\_
- ❖ Contact: Jagmohan Singh
- ❖ E-Mail Address: contact@supplystack.com
- ❖ Phone: +1 551 224 1891 Toll-Free: \_\_\_\_\_ Fax: \_\_\_\_\_
- ❖ Required Credit Limit: 0
- ❖ Accounts Payable Name: Jagmohan Singh
- ❖ Accounts Payable Email: contact@supplystack.com
- ❖ Accounts Payable Phone Number: +1 551 224 1891
- ❖ Documents required for Invoicing (Kindly tick below requirements)

1. Proof of Delivery
2. Ingate/Out gate Tickets (EIR's)
3. Scale Tickets
4. Reference Number (Customer)
5. BOL Number
6. Container Number on each Invoice



***Further Requirements:***

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# Credit Application Form

## Company Profile

Company Name Supply Stacker LLC.

DBA \_\_\_\_\_ Phone Number +1 551 224 1891

Address 32-12C Sheffield Terrace , Fair Lawn , NJ , 07410

Email ID contact@supplystack.com Website www.supplystack.com

Company Type: NVOCC \_\_\_\_\_ Freight Forwarder \_\_\_\_\_ Broker \_\_\_\_\_

Company Setup: Proprietorship \_\_\_\_\_ LLC \_\_\_\_\_ Partner \_\_\_\_\_ Corporation \_\_\_\_\_

In corporation Since NOV-2020 Tin Number 853750812000

## Owner Details

Owner Name Jagmohan Singh Mail ID contact@supplystack.com

Phone Number +1 551 224 1891

## Contact Information

Dispatcher Name Jagmohan Singh Mail Id contact@supplystack.com

Phone Number +15512241891 Ext \_\_\_\_\_ Mobile Number +1 551 224 1891

AP Name Jagmohan Singh Mail Id contact@supplystack.com

AP contact Number +1 5512241891 Ext \_\_\_\_\_ Mobile Number +1 551 224 1891

Phone: +1-(844) 738-3994, [www.skyflytrucking.com](http://www.skyflytrucking.com)

## **Credit Reference**

- 1) Name \_\_\_\_\_  
Address \_\_\_\_\_  
Contact Number \_\_\_\_\_ Mail Id \_\_\_\_\_
- 2) Name \_\_\_\_\_  
Address \_\_\_\_\_  
Contact Number \_\_\_\_\_ Mail Id \_\_\_\_\_
- 3) Name \_\_\_\_\_  
Address \_\_\_\_\_  
Contact Number \_\_\_\_\_ Mail Id \_\_\_\_\_

# TRUCKING

Sky Fly Trucking LLC guarantees the integrity of quoted rates with the exception of reclassifications, shipment reweighs, and accessorial charges. Customers shall pay each shipment processed through Sky Fly Trucking LLC at the full invoiced amount. The invoiced amount could include extra charges assessed by the carrier for accessorial, reweighs, reclassifications or dry-run fees. Accessorial charges cannot be corrected after the shipment has been tendered. Sky Fly Trucking LLC will assist in researching the reweigh and reclassification charges. If such charges are reduced, Sky Fly Trucking LLC will issue a credit for the difference back to the Customer. Sky Fly Trucking LLC will not be responsible for any freight claims that are denied for any reason by the specified carrier. Customer agrees

(1) Credit Terms of NET 15 DAYS from invoice date, and (2) in the event it becomes necessary for Sky Fly Trucking LLC to either suit or employ a collection agency to aid in the recovery of any debt owed by the Customer, Sky Fly Trucking LLC shall be entitled to recover, in addition to the amount of debt due, all of its costs and attorney's fees. Customers grants to SkyFly Trucking LLC a general contractual lien on all property tendered for transportation against any past due charges, which lien shall apply regardless of whether the past due charges relate to the goods against which the lien is claimed, all subject to applicable state law. The Company executive signing this credit application ("guarantor") hereby absolutely and unconditionally guarantees the prompt, complete and punctual payment of sft invoices to company, and this obligation is primary and can be enforced directly against guarantor without first proceeding against company.

The signature below (1) authorizes Sky Fly Trucking LLC to charge interest on outstanding balances past payment terms at an annual percentage rate of 18% or to the extent permitted by law, (2) authorizes Sky Fly Trucking LLC to charge a late fee of five percent (5%) on outstanding balances past payment terms (3) authorizes the above listed bank and trade references to release any requested information to Sky Fly Trucking LLC for use in the evaluation of this request for credit extension, and

(4) acknowledges that Customer has read Sky Fly Trucking LLC terms and conditions (linked below) and agrees to be bound by their terms. To read complete terms and conditions, please visit: <https://www.skyflytrucking.com>

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_



U.S. Department of Transportation  
Federal Motor Carrier Safety Administration

1200 New Jersey Ave., S.E.  
Washington, DC 20590

**SERVICE DATE**  
September 01, 2021

**LICENSE**  
**MC-1293334-B**  
U.S. DOT No. 3698772  
SKY FLY TRUCKING LLC  
DELAWARE, OH

This License is evidence of the applicant's authority to engage in operations, in interstate or foreign commerce, as a broker, arranging for transportation of freight (except household goods) by motor vehicle.

This authority will be effective as long as the broker maintains insurance coverage for the protection of the public (49 CFR 387) and the designation of agents upon whom process may be served (49 CFR 366). The applicant shall also render reasonably continuous and adequate service to the public. Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

A handwritten signature in black ink, appearing to read "Jeffrey L. Secrist".

Jeffrey L. Secrist, Chief  
Information Technology Operations Division

BPO



**Request for Taxpayer  
Identification Number and Certification**

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

► Go to [www.irs.gov/FormW9](http://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. <b>Sky Fly Trucking LLC</b>		
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 <b>one</b> 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 checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► <b>Note:</b> 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 <b>not</b> 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. <b>1900 Polaris Parkway Suite 450</b>	Requester's name and address (optional)	
6 City, state, and ZIP code <b>Columbus, OH 43240</b>		
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.

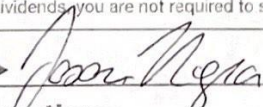
Social security number									
			-			-			
or									
Employer identification number									
8	7	-	2	0	7	2	5	3	4

**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 ► <b>05/03/23</b>
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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](http://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)

09/13/2023

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).

<b>PRODUCER</b> Hamilton Insurance Group, Inc. P.O. Box 30071  Gahanna OH 43230		<b>CONTACT</b> NAME: Commercial Team PHONE (A/C, No, Ext): (614)475-4786 E-MAIL: coi@hamiltonins.net ADDRESS:  <b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Lloyds of London INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:		<b>FAX</b> (A/C, No): (614)475-7154  <b>NAIC #</b>
<b>INSURED</b>  Sky Fly Trucking LLC 1900 Polaris Parkway, Ste 450  Columbus OH 43240				

**COVERAGES****CERTIFICATE NUMBER:** CL2391315424**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	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contingent General Liability  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROP <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			IRPI-AML-23-013	09/10/2023	09/10/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Deductible \$ 1,000								
	A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						IRPI-CL-23-419	09/10/2023	09/10/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Policy Aggregate \$ 2,000,000				
			<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$												EACH OCCURRENCE \$ AGGREGATE \$ \$
			<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below				N / A								
		A	Contingent Motor Truck Cargo									IRPI-MCC-23-194	09/10/2023	09/10/2024	Per Occurrence 250,000 Deductible 1,000

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

**CERTIFICATE HOLDER****CANCELLATION**

Sky Fly Trucking LLC 7497 Overland Trail  Delaware OH 43015	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  <b>AUTHORIZED REPRESENTATIVE</b>  Mary J. Redman
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