

INTERSTATE COMMERCE COMMISSION

PERMIT

SERVICE DATE

JUN 1 1984

No. MC 100666 (Sub 547)

MELTON TRUCK LINES, INC.  
SHREVEPORT, LA

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)<sup>2</sup>; 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.

(SEAL)

SIDNEY L. STRICKLAND, JR.  
Secretary

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

While the execution of contracts must be accomplished, it is unnecessary to file them with the Commission.

No. MC 100666 (Sub 547)

Page 2

To operate as a contract carrier, by motor vehicle, in interstate or foreign commerce, over irregular routes, transporting general commodities (except hazardous materials, household goods, and commodities in bulk), between points in the U.S. (except AK and HI), under continuing contract(s) with commercial shippers or receivers of such commodities.



April 15, 2015

MELISSA RUBY  
MELTON TRUCK LINES INC  
808 N 161ST E AVE  
TULSA, OK 74116

**CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) RENEWAL**

The Standard Carrier Alpha Code of **MTLA** has been renewed for:

MELTON TRUCK LINES INC  
808 N 161ST E AVE  
TULSA, OK 74116  
MC-100666  
US DOT-34666

This Alpha Code will apply only to the company name shown above through June 30, 2016. **Approximately two months prior to expiration of this SCAC, NMFTA will provide a renewal notice which must be promptly returned together with payment to ensure its continued validity.** Should the company name or address change, please notify the National Motor Freight Association, Inc. at the address below.

Alpha Codes ending with the letter "U" have been reserved for the identification of freight containers. If your Alpha Code ends with the letter "U", it should be used only for this purpose. A non-U ending Alpha Code should be obtained to satisfy other requirements such as company identification for Customs, Electronic Data Interchange, freight payments, etc.

If you participate in the Bureau of Customs and Border Protection (BCBP) automated programs (ACE, AMS, CAFES, FAST, PAPS), your SCAC and related company information has been sent to BCBP electronically and is updated on a nightly basis. If you have encountered a problem using your SCAC with BCBP, or a copy this letter has been requested by BCBP, only then should you forward the requested information (email preferred as a PDF or TIF attachment) to the following address:

CBP SCAC Processing  
Bureau of Customs and Border Protection  
7681 Boston Blvd., Bearegard 1st Fl Wing A  
Springfield, VA 22153  
AMS.SCAC@DHS.GOV

**NOTICE:** Renewal of the above listed SCAC is unrelated to participation in the National Motor Freight Classification (NMFC). Further, it does not confer membership in the National Motor Freight Traffic Association, Inc. nor allow use of the NMFC in connection with freight rates. For participation and membership information, please call (703) 838-1810



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/23/2015

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 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<br>HNI Risk Services<br>PO Box 510187<br><br>New Berlin WI 53151                    | CONTACT NAME:                                  |                             |
|  | PHONE (A/C, No, Ext): 262-782-3940             | FAX (A/C, No): 262-782-4198 |
|  | E-MAIL ADDRESS: certs@hni.com                  |                             |
|  | INSURER(S) AFFORDING COVERAGE                  | NAIC #                      |
|  | INSURER A : Great West Casualty Company        | 11371                       |
| INSURED<br>Melton Truck Lines, Inc.<br><br>808 N. 161st E. Avenue<br><br>Tulsa OK 74116-4115 | INSURER B : Continental Casualty Company (CNA) | 20443                       |
|  | INSURER C :                                    |                             |
|  | 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 SUBR INSR | WVD | POLICY NUMBER         | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--|----------------|-----|-----------------------|-------------------------|-------------------------|--|
| A        | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |                |     | MCP07080C             | 11/1/15                 | 11/1/16                 | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 1,000,000<br>PRODUCTS - COMP/OP AGG \$ 1,000,000<br>\$ |
| A        | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS  |                |     | MCP07080C             | 11/1/15                 | 11/1/16                 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
| A        | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$   |                |     | TEP00021C             | 10/1/15                 | 10/1/16                 | EACH OCCURRENCE \$ 3,000,000<br>AGGREGATE \$<br>\$   |
| A        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |                | N/A | XWC00012K<br>WC21114L | 10/1/15<br>10/1/15      | 10/1/16<br>10/1/16      | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000                               |
| B        | Motor Truck Cargo  |                |     | 6020203296            | 10/1/15                 | 10/1/16                 | Limit 100,000  |

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

Motor Truck Cargo is limited to a stated limit of liability of \$100,000 for new cargo and \$10,000 for used cargo. There is no liability in Mexico. Melton is a Qualified Self Insured under the FMCSA please see page 2.

## CERTIFICATE HOLDER

## CANCELLATION

|                    |  |
|--------------------|--|
| Proof of Insurance | 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<br>  |

© 1988-2010 ACORD CORPORATION. All rights reserved.

# *Melton* Truck Lines, Inc.

Dan Taylor

*Air-ride Flatbeds Serving the United States, Canada, and Mexico*

Senior Vice President  
Sales & Marketing

March 26, 2013

Re: Notice of FMCSA Self-Insurance Authority

Dear Valued Customer:

Melton Truck Lines, Inc. ("Melton") is pleased to announce that it has joined the ranks of a limited and prestigious group of interstate motor carriers that have been awarded self-insurance authority by the Federal Motor Carrier Safety Administration ("FMCSA"). On January 31, 2013, the FMCSA issued a grant of self-insurance authority which authorizes Melton to self-insure the first \$1 million of bodily injury and property damage liability. The grant of self-insurance authority therefore allows Melton to substitute its self-insurance authority in place of commercial insurance for purposes of satisfying its minimum financial responsibility requirements pursuant to 49 U.S.C. § 13906 and 49 C.F.R. § 387.309.

As you may know, obtaining a grant of self-insurance authority from the FMCSA is a significant accomplishment. Since the FMCSA and its predecessor agencies first began the self-insurance program back in the late 1980s, fewer than 150 motor carriers have received an award of self-insurance authority. Currently, less than 65 of the 650,000+ registered motor carriers meet the requirements to maintain that authority. To qualify for the FMCSA's self-insurance program, a motor carrier must maintain a strong financial condition and have a sound safety program to satisfy its obligations for bodily injury and property damage liability and otherwise afford the required security for the protection of the public as contemplated by the controlling regulations. To provide you with additional information regarding Melton's qualification as a self-insured interstate motor carrier, the first page of Melton's licensing and insurance report which is maintained by the FMCSA on its Safer System website is attached. Please feel free to visit that website at <http://safer.fmcsa.dot.gov> to independently confirm Melton's status as a self-insured motor carrier. If you have any questions concerning the attached Certificate, please feel free to contact Ms. Megan Young, Account Executive, HNI, Inc. at (262) 641-5838.

You will also note that Melton's self-insurance authority is effective on April 1, 2013 and therefore replaces the commercial insurance that was previously on file for purposes of its bodily injury and property damage liability. In this regard, this correspondence serves as an amendment to the service agreement between our companies with respect to the shipment of freight and substitutes Melton's self-insurance authority for any requirement to maintain commercial bodily injury and property damage insurance coverage. If you believe it is best to memorialize this change through a contractual amendment, please notify Melton, and we will work to finalize such an amendment. Melton looks forward to serving your transportation needs.

Very truly yours,

Dan Taylor

Enclosure

---

**Dan Taylor | Sr. Vice President, Sales & Marketing | Melton Truck Lines, Inc.**

808 N. 161<sup>st</sup> E. Ave. | Tulsa, OK 74116 | ☎ Tel 918-270-9650  
✉ [taylor@meltontruck.com](mailto:taylor@meltontruck.com) | 🌐 [www.meltontruck.com](http://www.meltontruck.com)

# FMCSA Motor Carrier

USDOT Number: 34666  
Docket Number: MC100666  
Legal Name: MELTON TRUCK LINES, INC.



DBA (Doing-Business-As) Name

## Addresses

Business Address: 808 N. 161 ST EAST AVENUE  
TULSA, OK 74116

Business Phone: (918) 234-8000 Business Fax:

Mail Address:

Mail Phone:

Mail Fax:

Undeliverable Mail: NO

## Authorities:

|                     |        |                      |    |                  |    |
|---------------------|--------|----------------------|----|------------------|----|
| Common Authority:   | ACTIVE | Application Pending: | NO |                  |    |
| Contract Authority: | ACTIVE | Application Pending: | NO |                  |    |
| Broker Authority:   | ACTIVE | Application Pending: | NO |                  |    |
| Property:           | YES    | Passenger:           | NO | Household Goods: | NO |
| Private:            | NO     | Enterprise:          | NO |                  |    |

## Insurance Requirements:

|               |     |              |    |                 |             |                |             |
|---------------|-----|--------------|----|-----------------|-------------|----------------|-------------|
| BIPD Exempt:  | NO  | BIPD Waiver: | NO | BIPD Required:  | \$1,000,000 | BIPD on File:  | \$1,000,000 |
| Cargo Exempt: | NO  |              |    | Cargo Required: | NO          | Cargo on File: | NO          |
| BOC-3:        | YES |              |    | Bond Required:  | YES         | Bond on File:  | YES         |

Blanket Company: SERVICE OF PROCESS AGENTS, INC.

Comments: SECONDARY: 164683; MC-100666-542X SUPERSEDES SUBS 160,173,252,274,276,292, SERVED 6-19-81 MC-100666-543X SUPERSEDES MC-100666 SUBS 61,76,78,81,84, 85,86,94,97,98,103,105,107,117,119,125,134,142,143,145, 146,147,150,151,152,153,154,155,157,158,169,171,172,174, 184,185,193,194,197,199,200,202,208,211,212,214,215,223, 225,231,234,236,238,240,242,245,246,249,254,257,261,262, 263,265,266,270,272,281G,286,287,295,297,298,300,302,303, 306,308,309,315,320,321,327,330,333,338,342,343,347,355, MCF-19875/T

## Active/Pending Insurance:

|                       |            |                    |              |              |             |
|-----------------------|------------|--------------------|--------------|--------------|-------------|
| Form:                 | 91X        | Type:              | BIPD/Primary | Posted Date: | 03/18/2013  |
| Policy/Surety Number: | NONE       | Coverage From:     | \$0          | To:          | \$1,000,000 |
| Effective Date:       | 04/01/2013 | Cancellation Date: |              |              |             |

Insurance Carrier: SELF-INSURED

Attn:

Address: -

-, WA 00000 US

Telephone:

Fax:



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

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

August 5, 2009

In reply refer to:  
Your USDOT No.: 34666  
Review No.: 732740/CR

ANGIE BUCHANAN  
VP - SAFETY  
MELTON TRUCK LINES INC  
608 N 161ST EAST AVE  
TULSA, OK 74116

Dear ANGIE BUCHANAN:

The motor carrier safety rating for your company is:

**SATISFACTORY**

This SATISFACTORY rating is the result of a review and evaluation of your safety fitness completed on July 31, 2009. A SATISFACTORY rating indicates that your company has adequate safety management controls in place to meet the safety fitness standard prescribed in 49 C.F.R. 385.5.

Please assure yourself that any specific deficiencies identified in the review report have been corrected. We appreciate your efforts toward promoting motor carrier safety throughout your company. If you have questions or require further information, please contact:

U.S. DEPARTMENT OF TRANSPORTATION  
FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION  
OKLAHOMA DIVISION OFFICE  
800 N MERIDIAN, SUITE 106 SOUTH  
OKLAHOMA CITY, OK 73107  
Telephone No.: 405-605-6047

John Van Steenburg  
Director, Office of Enforcement and  
Compliance

UNITED STATES OF AMERICA  
DEPARTMENT OF TRANSPORTATION  
PIPELINE AND HAZARDOUS MATERIALS SAFETY ADMINISTRATION



HAZARDOUS MATERIALS  
CERTIFICATE OF REGISTRATION  
FOR REGISTRATION YEAR(S) 2015-2016

**Registrant:** MELTON TRUCK LINES INC  
Attn: KRISTI WEATHERS  
808 N 161ST EAST AVENUE  
TULSA, OK 74116

This certifies that the registrant is registered with the U.S. Department of Transportation as required by 49 CFR Part 107, Subpart G.

This certificate is issued under the authority of 49 U.S.C. 5108. It is unlawful to alter or falsify this document.

**Reg. No:** 060915 553 046X      **Issued:** 06/09/2015      **Expires:** 06/30/2016  
**HM Company ID:** 032409

**Record Keeping Requirements for the Registration Program**

The following must be maintained at the principal place of business for a period of three years from the date of issuance of this Certificate of Registration:

- (1) A copy of the registration statement filed with PHMSA; and
- (2) This Certificate of Registration

Each person subject to the registration requirement must furnish that person's Certificate of Registration (or a copy) and all other records and information pertaining to the information contained in the registration statement to an authorized representative or special agent of the U. S. Department of Transportation upon request.

Each motor carrier (private or for-hire) and each vessel operator subject to the registration requirement must keep a copy of the current Certificate of Registration or another document bearing the registration number identified as the "U.S. DOT Hazmat Reg. No." in each truck and truck tractor or vessel (trailers and semi-trailers not included) used to transport hazardous materials subject to the registration requirement. The Certificate of Registration or document bearing the registration number must be made available, upon request, to enforcement personnel.

For information, contact the Hazardous Materials Registration Manager, PHH-52, Pipeline and Hazardous Materials Safety Administration, U.S. Department of Transportation, 1200 New Jersey Avenue, SE, Washington, DC 20590, telephone (202) 366-4109.

**EXPIRES 6-30-2016**



HAZARDOUS MATERIALS PERMIT

PUBLIC UTILITIES COMMISSION  
OF THE STATE OF COLORADO

PERMIT NO. HMP-20074  
MAXIMUM FEE PAID

MELTON TRUCK LINES, INC  
808 North 161 East Avenue  
Tulsa, OK 74116

In compliance with the provisions of Section 42-20-202(b), C.R.S., the commission does grant authority to transport hazardous materials subject to the limitations and provisions mentioned below.

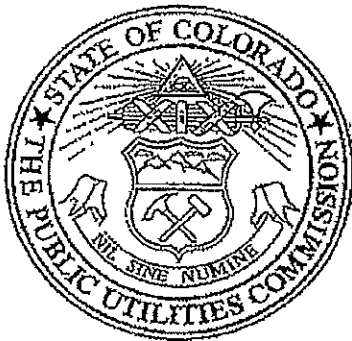
1. A copy of the shipping papers as required by 49 C.F.R. 172.200 must be carried in the transporting motor vehicle.
2. This permit must be carried in the transporting motor vehicle.
3. The above named carrier has paid the maximum fees required by law and as such is not required to carry an original permit in each vehicle.

This permit does not authorize for-hire transportation requiring specific authority under Title 40, Articles 13 & 16, C.R.S.

Full compliance with the laws of the State of Colorado and with the Rules and Regulations of the Department of Public Safety is required under this permit.

This permit is valid from June 4, 2015 through June 4, 2016.

Dated at Denver, Colorado, May 28, 2015.



WITNESS MY HAND AND THE SEAL OF  
THE PUBLIC UTILITIES COMMISSION  
OF THE STATE OF COLORADO

*Doug Dean*

DOUG DEAN  
DIRECTOR

EXP. 6-4-2016



STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

**HAZARDOUS MATERIALS  
TRANSPORTATION LICENSE**

CHP 360H (REV. 1/00) OPI 06

|                               |                          |  |                                      |   |
|-------------------------------|--------------------------|--|--------------------------------------|---|
| CONTROL NUMBER<br>213715      | LICENSE NUMBER<br>133701 | ISSUE DATE<br>1/29/2015  | EFFECTIVE DATE                       | EXPIRATION DATE<br>3/31/2016                |
| CHP CARRIER NUMBER<br>CA 5623 | LOCATION                 | <input type="checkbox"/> Duplicate<br><input type="checkbox"/> Initial | <input type="checkbox"/> Replacement | <input checked="" type="checkbox"/> Renewal |

**PROPERTY OF THE CALIFORNIA HIGHWAY PATROL (CHP)**

The original valid license must be kept at the licensee's place of business as indicated on the license and a legible copy must be carried in any vehicle or combination transporting hazardous materials and must be presented in any CHP officer upon request. This license is NON-TRANSFERABLE and must be surrendered to the CHP upon demand or as required by law. A major change in ownership or control of the licensed activity shall require a new license. This license may be renewed by submitting an application and appropriate fee to the CHP. Persons whose licenses have expired or are otherwise no longer valid must immediately cease the activity requiring a license. THERE IS NO GRACE PERIOD. For licensing information contact CHP, Commercial Vehicle Section at (916) 843-3400.

LICENSEE NAME AND PHYSICAL ADDRESS *(only if different from below)*

MELTON TRUCK LINES, INC.

LICENSEE NAME AND MAILING ADDRESS

MELTON TRUCK LINES, INC.

808 N. 161ST EAST AVE.  
TULSA OK 74116

ATTENTION: KRISTI WEATHERS

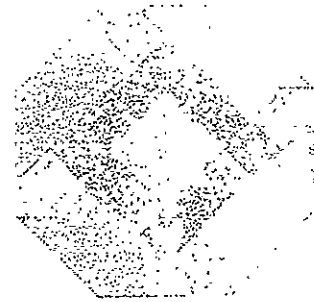
This carrier is on the special routing/safe stopping place mailing lists as indicated below:

- (HMX) Explosives subject to Division 14, California Vehicle Code (CVC).
- (HMPIH) Poison Inhalation Hazard materials in bulk packagings subject to Division 14.3, CVC.
- (HRCQ) Highway Route Controlled Quantity radioactive materials subject to Division 14.5, CVC.

Any person who dumps, spills, or causes the release of hazardous materials or hazardous waste upon any highway shall immediately notify the CHP or the agency having jurisdiction for that highway. The minimum fine for failure to make the appropriate notification is \$ 2,000.00. (CVC Section 23112.5)

CA 3-31-16

# Alliance for Uniform HazMat Transportation Procedures Uniform Program Credentials



MELTON TRUCK LINES INC  
808 N. 161ST EAST AVE  
TULSA, OK 74116

**ALLIANCE**  
FOR UNIFORM  
**HAZMAT**  
TRANSPORTATION  
PROCEDURES

|                             |          |        |
|-----------------------------|----------|--------|
| USDOT Census #              | 00034666 |        |
| MC Docket #                 | 00100666 |        |
| EPA Transporter ID #        | N/A      | 4127   |
| Intrastate Motor Carrier #: | N/A      | 133759 |

|  |              |
|--|--------------|
| Phone Number to call in case of a accident or emergency: | 918-234-8000 |
|--|--------------|

|                     |                                     |                  |             |
|---------------------|-------------------------------------|------------------|-------------|
| Uniform Program ID: | UPM0034666OH                        |                  |             |
| Certified By:       | Gales, Katherine                    |                  |             |
| Issuance Date:      | 05-Jun-2015                         | Expiration Date: | 01-Jul-2016 |
| Issuing Agency:     | PUBLIC UTILITIES COMMISSION OF OHIO |                  |             |
| Agency Telephone:   | (614) 466-3392                      |                  |             |



OH 7-1-2016



## Request for Taxpayer Identification Number and Certification

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

Print or type  
See Specific Instructions on page 2.

|  |   |
|--|---|
| 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.<br><b>Melton Truck Lines, Inc.</b>   |   |
| 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:<br><input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC<br><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____<br><small>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.</small><br><input type="checkbox"/> Other (see instructions) ▶ _____<br><input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br>Exempt payee code (if any) _____<br>Exemption from FATCA reporting code (if any) _____<br><small>(Applies to accounts maintained outside the U.S.)</small> |
| 5 Address (number, street, and apt. or suite no.)<br><b>808 N. 161st E. Ave.</b>   | Requester's name and address (optional)   |
| 6 City, state, and ZIP code<br><b>Tulsa, OK 74116</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 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  |   |   |   |   |   |   |   |   |   |
| <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>   |   |   |   |   | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
| OR  |   |   |   |   |   |   |   |   |   |
| Employer identification number  |   |   |   |   |   |   |   |   |   |
| <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%; text-align: center;">7</td> <td style="width: 25%; text-align: center;">3</td> <td style="width: 25%; text-align: center;">-</td> <td style="width: 25%; text-align: center;">1</td> </tr> </table> | 7 | 3 | - | 1 | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%; text-align: center;">3</td> <td style="width: 25%; text-align: center;">8</td> <td style="width: 25%; text-align: center;">3</td> <td style="width: 25%; text-align: center;">4</td> </tr> </table> | 3 | 8 | 3 | 4 |
| 7   | 3 | - | 1 |   |   |   |   |   |   |
| 3   | 8 | 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 on page 3.

|                  |   |                            |
|------------------|---|----------------------------|
| <b>Sign Here</b> | Signature of U.S. person ▶ <i>Lisa Fogelman</i> | Date ▶ <i>July 8, 2015</i> |
|------------------|---|----------------------------|

### 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/fw9](http://www.irs.gov/fw9).

#### 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.

# Melton Truck Lines, Inc.

## Confidential Credit Application for Transportation and Related Charges

Legal Business Name \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_  
Address \_\_\_\_\_ Corporation: Private \_\_\_\_\_ Public \_\_\_\_\_ Other \_\_\_\_\_  
Billing Address (if different) \_\_\_\_\_ Bankruptcy: Y/N \_\_\_\_\_ Date \_\_\_\_\_ Chapter \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Subsidiary or Division of \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
Primary Office Address \_\_\_\_\_ Date Established \_\_\_\_\_  
Type of Business \_\_\_\_\_ Number of Employees \_\_\_\_\_  
Annual Revenues \_\_\_\_\_ CFO/Controller \_\_\_\_\_  
Annual Income \_\_\_\_\_ Net Worth \_\_\_\_\_ Federal ID # \_\_\_\_\_  
President/Principal \_\_\_\_\_ Estimated Monthly Credit Requirement \_\_\_\_\_  
Accounts Payable Contact \_\_\_\_\_ A/P Phone ( ) \_\_\_\_\_  
Website \_\_\_\_\_ Email Address \_\_\_\_\_  
Dun & Bradstreet # \_\_\_\_\_ SIC# \_\_\_\_\_

### TRADE REFERENCES (please include at least two motor carriers)

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Email \_\_\_\_\_  
2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Email \_\_\_\_\_  
3. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Email \_\_\_\_\_  
4. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Email \_\_\_\_\_

### TRANSPORTATION ORGANIZATIONS ONLY

Your company is a: Motor Carrier \_\_\_\_\_ Broker \_\_\_\_\_ Other \_\_\_\_\_

M C # \_\_\_\_\_ Please forward operating authority, surety bond, and insurance.

### BANKING INFORMATION

Bank Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_  
Bank Officer \_\_\_\_\_ Account # \_\_\_\_\_

On behalf of the company, I certify that we are familiar with and agree to abide by the Interstate Commerce Act, and Regulations thereof, pertaining to the payment of transportation and related charges. I hereby grant permission to the above referenced bank and credit references to release pertinent information regarding our accounts to Melton Truck Lines, Inc. Furthermore, my signature attests to the financial responsibility, ability, and willingness to pay all transportation and related charges within 15 days of the date invoiced.

Name

Title

Date