



AG Source, Inc. is a third-party transportation logistics provider built on **integrity** and **service**. We are a non-asset based company, we work with truck and rail carriers to serve our customers with a single call. Our staff collectively has over **200 years** in the transportation industry providing exceptional customer service. We have the technology and expertise to solve logistic challenges, and move products from origin to destination anywhere in the continental United States and Canada.

AG Source works with Fortune 500 and Blue Chip companies as well as family-owned and start-up businesses. We develop logistic plans and provide cost effect options. As your single point of contact, we are able to provide competitive solutions to meet your logistic needs.

We seek out the mode of transportation that provides the greatest efficiencies while meeting the needs of the customer, alleviating the issues of carrier capacity. We manage relationships with carriers so our customers do not have to. Through years of transportation experience we have built and maintained an elite carrier pool. Each carrier must have qualifying safety scores, minimum insurance coverage with reputable providers, a proven track record, 24/7 availability, and secured capacity.

AG Source offers the flexibility and personalized service to provide customized solutions as the demands of transportation rapidly change. Regardless of your specific need, our tailored solutions empower you to manage costs, and focus on your core business. We believe in building a solid relationship on **integrity** and **service** that you can count on every day.



Corporate Fact Sheet

With a combined 200 years' experience, AG Source has been a leader in providing companies with their logistics needs across North America. We are a full service transportation provider specializing in the truckload, dry bulk, van, and LTL Services.

AG Source will provide you with the right transportation solution for all your business needs. Throughout the history of AG Source, we have worked to anticipate the future needs of our customers. Whether the challenge is capacity issues, complex lanes or other difficult issues in the marketplace, we stand committed to help our customers grow and succeed.

Authority: MC-413830-B

SCAC: AGAQ

TIN: 43-1934956

"GOLD BOOK" Reference

First Advantage/Compunet

800-872-3748

Corporate Headquarters

Mailing & Physical Address:

4910 Corporate Centre Drive, Suite 110
Lawrence, KS 66047

Phone: 785-841-1315

Fax: 785-312-5353

Contact Information

President: Troy Bird

Vice Pres: Brad Bird

Secretary: Todd Bird

Van Div. Mgr: Steve Spencer

Credit Reference

Central National Bank

711 Wakarusa Drive

Lawrence, KS 66049

785-838-1893

David Moore



CUSTOMER CREDIT APPLICATION

I understand that the following information is needed in order for you to determine credit worthiness in extending services to my Company. I affirm that the following information is true and correct. By signing this application, I am granting permission to AG SOURCE, INC to contact the references enclosed and to verify the information given, including the right to seek a credit report. I further authorize disclosure of this information to credit agencies and other creditors as needed. I understand acceptance of this application does not constitute an extension of credit nor a promise to extend credit, does it promise to extend additional future credit.

Full Name of Firm or Individual Applicant: _____

Principal Place of Business: _____

Street Address: _____

City: _____ State: ____ Zip Code: _____

Mailing Address: _____

City: _____ State: ____ Zip Code: _____

President/Owner: _____

Phone Number: _____ Fax Number: _____

E Mail Address: _____ Web Address: _____

Billing Address (if different than address above): _____

City: _____ State: ____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Account Contact Person: _____ E Mail Address: _____

Type of Business: _____ Years in Business: _____

Corporation ____ Limited Liability Co. ____ Partnership ____ Sole Proprietorship ____

Other, please specify _____

Federal Tax ID Number: _____

If you do not have a federal Tax ID number, state your SSN: _____

Signed by President/Owner: _____



INVOICE REQUIREMENTS

Accounts Payable Contact: _____ Phone Number: _____
Fax Number: _____ Email Address: _____
Are Purchase Order Numbers Required? (circle one) YES NO (Provide a sample: _____)
Invoice Paid on origin or destination weight or flat rate? (circle one) FLAT ORIGIN DESTINATION
Special requirements for invoices: _____
Invoice Preference: (Please provide email address, fax number or 3rd party processor)
USPS Mail: Email: _____ Fax: _____
Third party Processor: _____

PAYMENT OPTIONS

ACH Transfer: (circle one) YES NO
Wire Transfer: (circle one) YES NO
Paper Check: (circle one) YES NO

BANK REFERENCE:

Name of Bank: _____
Branch Address: _____
City: _____ State: ____ Zip Code: _____
Contact Person: _____
Phone Number: _____
Fax Number: _____
E Mail Address: _____
Account #: _____



TRADE CREDIT REFERENCE: (Charge Accounts, Loans, Contract Purchases)

Name: _____ Account Number: _____
Address: _____
City: _____ State: ____ Zip Code: _____
AP Contact: _____ Credit Line: _____
Terms _____ Phone Number: _____
Fax Number: _____ E-Mail: _____

TRADE CREDIT REFERENCE: (Charge Accounts, Loans, Contract Purchases)

Name: _____ Account Number: _____
Address: _____
City: _____ State: ____ Zip Code: _____
AP Contact: _____ Credit Line: _____
Terms _____ Phone Number: _____
Fax Number: _____ E-Mail: _____

CARRIER REFERENCE:

Name: _____ Account Number: _____
Address: _____
City: _____ State: ____ Zip Code: _____
AP Contact: _____ Credit Line: _____
Terms _____ Phone Number: _____
Fax Number: _____ E-Mail: _____

CARRIER REFERENCE:

Name: _____ Account Number: _____
Address: _____
City: _____ State: ____ Zip Code: _____
AP Contact: _____ Credit Line: _____
Terms _____ Phone Number: _____
Fax Number: _____ E-Mail: _____



TERMS AND CONDITIONS:

The applicant(s) executing this Application and Agreement ("Customer") hereby agree(s) that payment for all services is subject to the following terms and conditions:

1. Customer agrees that all amounts due for services provided by Ag Source Inc. ("Company") or otherwise pursuant to this Agreement are payable at 4910 Corporate Centre Drive, Suite 110, Lawrence, Kansas, 66047.
2. Customer agrees that all amounts due are not payable in installments, but are payable **Net 30 days** from date of invoice. Company reserves the right to demand payment of all outstanding and past due freight charges as a precondition for releasing any shipments(s) at destination. This right includes the right to demand payment upon delivery of any shipment(s) at any time. If any amount due is not paid within said period a delinquency charge of 1½ percent per month of the delinquent balance shall be added to the sum due.
3. In the event the Account becomes delinquent and is turned over for collection, Customer agrees to pay all costs of collection including but not limited to reasonable attorney fees and court costs.
4. Customer agrees to notify the Company by certified mail of any changes in ownership of Customer and further agrees to be liable for all losses incurred as a result of failure to comply with said notifications.
5. Customer authorizes the Company and/or its Credit Agency(ies) to investigate all credit history, bank references and any other information required to process this application and as it deems necessary in the future.

Applicant Signature: _____

Type or Print Name: _____

Title: _____ Date: _____

Please fax back to us at (785) 312-5353 or email to megan@ag-source.com or michelle@ag-source.com .

WE ASSURE YOU THAT THIS INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL.
Your immediate reply will be very much appreciated.



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

OCT 01 2001

400 Virginia Avenue, SW, Suite 600
Washington, DC 20024

SERVICE DATE
September 14, 2001

LICENSE
MC-413830-B
AG SOURCE INC
LAWRENCE, KS

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.

Terry Shelton, Director
Office of Data Analysis & Information Systems



April 05, 2023

HEATHER BIRD
AG SOURCE INC
4910 CORPORATE CENTRE DR
SUITE 110
LAWRENCE, KS 66047

CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) RENEWAL

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

AG SOURCE INC
4910 CORPORATE CENTRE DR
SUITE 110
LAWRENCE, KS 66047
MC-413830
US DOT-2228140

This Alpha Code will apply only to the company name shown above through June 30, 2024. 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, address or contact information need an update, please notify the National Motor Freight Association, Inc. at customerservice@nmfta.org.

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 Customs & Border Protection (CBP) ACE program and you have an issue with using your SCAC with ACE, please contact CBP at the following email address: AMSSCAC@cbp.dhs.gov. All SCACs are automatically uploaded to ACE within 24 hours. To participate in the Automated Export System (AES) program, please email AMSSCAC@cbp.dhs.gov and askaes@census.gov a request, along with a copy of the NMFTA SCAC letter, to enable your SCAC for AES. Additional information on CBP's automated programs can be found at: <https://www.cbp.gov/trade/automated/getting-started>.

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 inconNECTION with freight rates. For participation and membership information, please call (703) 838-1810.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/10/2023

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 LOGISTIQ Insurance Solutions 2609 Manhattan Beach Blvd. Suite 220 Redondo Beach CA 90278	CONTACT NAME: Grace Jeter PHONE (A/C. No. Ext): (310) 379-9660 E-MAIL ADDRESS: certificates@logistiq.com	FAX (A/C. No.): (310) 374-2431	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED AG Source Inc. 4910 Corporate Centre Drive Suite 110 Lawrence KS 66047 (785) 841-1315	INSURER A: The Travelers Lloyds Syn 5000		
	INSURER B: Lloyd's of London(F) AXS/AUL/H		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES GJ **CERTIFICATE NUMBER:** Cert ID 4805 (152) **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:			MB235276-371	10/19/2023	10/19/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Freight Broker Auto <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> 3rd Party Liability			MB235276-371	10/19/2023	10/19/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			MB235276-371	10/19/2023	10/19/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	FB Cargo Legal Liability			MB235276-371	10/19/2023	10/19/2024	any one acc/occ \$ 250,000

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

CERTIFICATE HOLDER**CANCELLATION**

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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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.

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. AG SOURCE INC	
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.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
<input type="checkbox"/> Individual/sole proprietor or single-member LLC	<input checked="" type="checkbox"/> C Corporation
<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____	<input type="checkbox"/> S Corporation
<input type="checkbox"/> Other (see instructions) ▶ _____	<input type="checkbox"/> Partnership
<input type="checkbox"/> Trust/estate	<input type="checkbox"/> Trust/estate
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.	
5 Address (number, street, and apt. or suite no.) See instructions. 4910 CORPORATE CENTRE DR., STE 110	Exempt payee code (if any) _____
6 City, state, and ZIP code LAWRENCE, KS 66047	Exemption from FATCA reporting code (if any) _____
7 List account number(s) here (optional)	(Applies to accounts maintained outside the U.S.)
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 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									
4	3	-	1	9	3	4	9	5	6

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 ▶	01/18/2024
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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.

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.