

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

Corporate Headquarters

Mailing & Physical Address: 4910 Corporate Centre Drive, Suite 110

Lawrence, KS 66047

Contact Information

President: Troy Bird Vice Pres: Brad Bird Secretary: Todd Bird

Van Div. Mgr: Steve Spencer

"GOLD BOOK" Reference

First Advantage/Compunet

800-872-3748

Phone: 785-841-1315

Fax: 785-312-5353

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:	
	State: Zip Code:
Mailing Address:	
	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 Partn	ership Sole Proprietorship
Other, please specify	
Federal Tax ID Number:	
If you do not have a federal Tax ID number, state yo	our SSN:
Signed by President/Owner:	



	INVOICE REQUIREN	1ENTS						
Accounts Payable Conta	oct: Phor	ie Numb	er:					
Fax Number:	Emai	Email Address:						
Are Purchase Order Nur	mbers Required? (check one) YES	NO(Pro	vide a sar	mple:				
Invoice Paid on origin or	r destination weight or flat rate? (che	ck one)	FLAT O	RIGIN DESTINATION				
Special requirements fo	r invoices:							
	(Please provide email address, fa							
Third party Processor: _								
•	PAYMENT OPTI	ONS						
	ACH Transfer: (check one)	YES	NO					
	Wire Transfer: (check one)	YES	NO					
	Paper Check: (check one)	YES	NO					
BANK REFERENCE:								
		Λ						
				4				
Account #:								



TRADE CREDIT REFERENCE: (Charge Accounts, Loans, (Contract Purchases)	
Name:		Account	t Number:
Address:			
City:			Zip Code:
AP Contact:			
Terms		_ Phone Number:	
Fax Number:			
TRADE CREDIT REFERENCE: (Charge Accounts, Loans, (Contract Purchases)	
Name:		Account	t Number:
Address:			
City:		State:	Zip Code:
AP Contact:		Credit Line: _	
Terms		_ Phone Number:	
Fax Number:	E-Mail: _		
CARRIER REFERENCE:			
Name:		Account	t Number:
Address:			
City:			Zip Code:
AP Contact:		Credit Line: _	
Terms			
Fax Number:	E-Mail: _		
CARRIER REFERENCE:			
Name:		Account	t Number:
Address:			
City:			
AP Contact:			
Terms			
Fax Number:			



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:

- 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 0 1 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

"Terres Shelton





CERTIFICATE OF ASSIGNMENT

For Standard Carrier Alpha Code™ (SCAC®)

SCAC AGAQ

Assigned Date Saturday, 20 August 2005

Assigned To AG SOURCE INC

4910 CORPORATE CENTRE DR

SUITE 110

LAWRENCE, KS USA 66047

USDOT # 2228140 MC # 0413830

Company Contact TROY BIRD

Expiration Date Saturday, 05 July 2025



SCAC Assignment

This SCAC only applies to the company name shown above through the expiration date. Renewal notices are sent approximately three months prior to expiration of this SCAC. A successful renewal must be made prior to the expiration date to ensure its continued validity. For easy renewal, go to https://scaccode.com.

To update the company name, address, or contact information affiliated with this SCAC, please contact NMFTA Customer Service at customerservice@nmfta.org or (703) 838-1810.

Refer to our Terms of Sale at https://nmfta.org/terms-of-sale for additional information regarding our policies governing the handling and administration of a SCAC.

SCACs Ending in "U"

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

U.S. Customs and Border Protection (CBP) Automated Commercial Environment (ACE) Program Participants

All SCACs are automatically uploaded to ACE within 24 hours. If participating in the U.S. Customs and Border Protection (CBP) ACE program, contact CBP at AMSSCAC@cbp.dhs.gov if you have an issue when using your SCAC with ACE. To participate in the Automated Export System (AES) program, email AMSSCAC@cbp.dhs.gov and askaes@census.gov with your request and attach a copy of this NMFTA SCAC Certificate. For additional information on CBP's automated programs, go to https://www.cbp.gov/trade/automated/getting-started

National Motor Freight Classification (NMFC) Participation and NMFTA Membership

A SCAC assignment is not related to the participation in the National Motor Freight Classification (NMFC), and it does not allow for the use of the NMFC in connection with freight rates. In addition, a SCAC assignment does not grant membership in the National Motor Freight Traffic Association, Inc. For assistance, please contact NMFTA Customer Service at customerservice@nmfta.org or (703) 838-1810.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/09/2024

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 LOGISTIQ Insurance Solutions	CONTACT NAME: PHONE		Infante	FAX				
2609 Manhattan Beach Blvd.	(A/C, No, Ext):	(310) 379-9	9660	(A/C, No): (310)	374-2431			
Suite 220	E-MAIL ADDRESS:	Certificate	es@logistiq.com					
Redondo Beach CA 90278		INSURER(S) A	FFORDING COVERAGE		NAIC#			
	INSURER A : QE	BE Group						
INSURED	INSURER B: Markel, Chaucer, QBE, Brit Syn							
AG Source Inc.	INSURER C:							
4910 Corporate Centre Drive	INSURER D:							
Suite 110	INCURED E							
Lawrence KS 66047	INSURER E :							
	INSURER F:							
OOVERAGED	/- \		55,46,61,11,11					

COVERAGES GJ CERTIFICATE NUMBER: Cert ID 4955 (1) 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.

NSR LTR		TYPE OF INSURANCE	ADDL S	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	х	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$	5,000,000
		CLAIMS-MADE X OCCUR		MC24000-147	10/19/2024	10/19/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	5,000,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	5,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	5,000,000
	Х	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	5,000,000
		OTHER:						\$	
	AUT	OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	5,000,000
A		ANY AUTO		MC24000-147	10/19/2024	10/19/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
		HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
	х	Freight X 3rd Party Liability						\$	
3		UMBRELLA LIAB X OCCUR		MC24000-147	10/19/2024	10/19/2025	EACH OCCURRENCE	\$	2,000,000
	х	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
		DED RETENTION \$						\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY					PER OTH- STATUTE ER		
	ANYF	PROPRIETOR/PARTNER/EXECUTIVE TIT	N/A				E.L. EACH ACCIDENT	\$	
	(Man	datory in NH)	,				E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	
A	FB	Cargo Legal Liability		MC24000-147	10/19/2024	10/19/2025	any one acc/occ	\$	250,000
A	Co	nt Cargo Broad Form		MC24000-147	10/19/2024	10/19/2025	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 Only

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

Stem A. Stelling

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Form W-9

(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

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.

Befor	e you begin. For guidance related to the purpose of Form W-9, see Purpose of Form, below.			0 110								
	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the o entity's name on line 2.)	wner's na	ame	on line	1, and	enter the	e busii	ness/dis	regarded			
	AG Source, Inc											
	2 Business name/disregarded entity name, if different from above.											
Print or type. See Specific Instructions on page 3.	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered only one of the following seven boxes. ☐ Individual/sole proprietor ☐ C corporation ☑ S corporation ☐ Partnership ☐ 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) classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check box for the tax classification of its owner. ☐ Other (see instructions) 3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax and you are providing this form to a partnership, trust, or estate in which you have an ownership in this box if you have any foreign partners, owners, or beneficiaries. See instructions	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) (Applies to accounts maintained outside the United States.)										
99	5 Address (number, street, and apt. or suite no.). See instructions.	Request	ter's	name	and ad	dress (or	otional)				
Ø	4910 CORPORATE CENTRE DRIVE, SUITE 110	rioquoo		mamo .		a1000 (0)	, tioi iui	,				
	6 City, state, and ZIP code											
	LAWRENCE, KS 66047											
	7 List account number(s) here (optional)											
Par	Taxpayer Identification Number (TIN)											
Enter	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to av	oid	So	cial se	curity	number						
	p withholding. For individuals, this is generally your social security number (SSN). However, for	or a			1_							
	nt alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other s, it is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i>	t a										
TIN, la		ı a	or									
			Em	ployer	identi	fication	numb	er				
	If the account is in more than one name, see the instructions for line 1. See also What Name or To Give the Requester for guidelines on whose number to enter.	ana	4	3	- 1	9 3	4	9 5	6			
Par	t 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 numbe	er to	be is	sued t	o me); a	and					
Ser	n not subject to backup withholding because (a) I am exempt from backup withholding, or (b) vice (IRS) that I am subject to backup withholding as a result of a failure to report all interest of longer subject to backup withholding; and											
3. I ar	n 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	g is con	rect									
becau	ication instructions. You must cross out item 2 above if you have been notified by the IRS that y se you have failed to report all interest and dividends on your tax return. For real estate transaction is secured property, dancellation of debt, contributions to an individual return interest and dividends, you are not required to sign the certification, but you must provide you	ns, item irement	2 d	oes no	ot appl ent (IRA	ly. For m A), and,	nortga gener	ge inte	rest paid, yments			
Sign Here		oate O	1,	/03	3/2	025	•					
_				- Als:		A 41		-b ·				

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