

TeamOne Logistics, LLC
1686 General Mouton Ave.
Lafayette, LA 70508

Team - 1. *n.* a number of people working together on a common task
One - 1. *adj.* being a single unit



One Call – One Vendor – One Invoice

*TranSolution*TM by TeamOne

COMPANY PROFILE
AND SUPPLEMENTAL INFORMATION



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1. INTRODUCTION

TEAMONE LOGISTICS™ is a transportation management company that started with a vision of improving customer service and relieving companies from non core business functions – while simultaneously cutting their cost and adding value.

One Call- One Vendor- One Invoice – Our innovative approach to transportation management and refreshing way of doing business has our customers responding. We refer to this personalized approach as *TranSolution™* by TeamOne.

TEAMONE LOGISTICS™ main focus is on saving you money and time while providing expert solutions for getting your product or equipment into proper position as simple and consistently as possible.

- **SAVE MONEY** – by shopping your transport needs to over 30,000 available trucks in our database. Our list is growing!
- **SAVE TIME** – allowing your personnel to return to core business functions after making only ONE phone call for any and all transportation needs!
- **EXPERT SOLUTIONS** – our qualified staff is made up of individuals with a broad working knowledge of the transportation industry, as well as good business practices. Our team is experienced, professional, team oriented, courteous, and qualified with over fifty-five (55) years of experience collectively.
- **SIMPLICITY** – lessen the burden on your accounting, project manager and human resource departments through our *TranSolution™* program provided only by TeamOne. You can even continue using your current carrier while taking advantage of TeamOne’s unique *TranSolution™* program!
- **CONSISTENCY** – through our vast database, TeamOne offers more options than any single carrier. We always have a truck available.

The original vision remains: improve service and cut costs. TeamOne has stayed true to this vision, becoming the premier provider of outsourced transportation service solutions.

We invite you to call us at 1-800-499-0429 to schedule a meeting with one of our highly qualified Account Managers.

TeamOne Logistics, LLC



2. Company Operating Authority



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

400 7th Street SW
Washington, DC 20590

SERVICE DATE
February 13, 2007

LICENSE

MC-587641-B

TEAMONE LOGISTICS, LLC
LAFAYETTE, LA

This License is evidence of the applicant's authority to engage in operations, in interstate or foreign commerce, as a **broker in arranging for transportation of freight (including 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 'Angeli Sebastian'.

Angeli Sebastian, Chief
Information Systems Division

BPH



3. Insurance

ACORD CERTIFICATE OF LIABILITY INSURANCE		OP ID CD TEAMO-2	DATE (MM/DD/YYYY) 03/05/08			
PRODUCER Arthur J. Gallagher Risk Management Services, Inc. P. O. Drawer 51187 Lafayette LA 70505-1187 Phone: 337-235-8866 Fax: 337-235-7772		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.				
INSURED TeamOne Logistics, LLC 1686 General Mouton Lafayette LA 70508		INSURERS AFFORDING COVERAGE	NAIC #			
		INSURER A: Scottsdale Insurance Company	41297			
		INSURER B:				
		INSURER C:				
		INSURER D:				
		INSURER E:				
COVERAGES 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <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	CLS1455157	02/23/08	02/23/09	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Excluded
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATUTORY LIMITS OTHER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS TRANSPORTATION BROKER FREIGHT						
CERTIFICATE HOLDER 0000000 SAMPLE CERTIFICATE				CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 		

ACORD 25 (2001/08)

© ACORD CORPORATION 1988



4. REFERENCES

CUSTOMER

- ✓ MERIT ENERGY
- ✓ QUAIL TOOLS
- ✓ BAKER HUGHES INTEQ
- ✓ BRAMMER ENGINEERING
- ✓ BAKER ATLAS
- ✓ ROWAN COMPANIES, INC.
- ✓ SHAW GLOBAL ENERGY SERVICES
- ✓ SUPERIOR MANUFACTURING
- ✓ SHAMROCK
- ✓ PEREGRINE OIL AND GAS
- ✓ MEGA INTERNATIONAL
- ✓ BJ SERVICES
- ✓ WEATHERFOR
- ✓ GREYWOLF DRILLING
- ✓ PENTAGON FREIGHT
- ✓ PETROQUEST ENERGY
- ✓ AZTEC PIPE
- ✓ DEVON ENERGY
- ✓ MARINER ENERGY
- ✓ AMERICAN WARRIOR

BANKING

Bank of Sunset
900 Kaliste Saloom Rd.
Lafayette, LA 70508-4902
Contact: **Glen Petre**
337- 234-5220-office
337- 232-4658 fax

CapitalOne
112 E. Kaliste Saloom Rd.
Lafayette , LA 70508-4902
Contact: **Amy LeBlanc**
337-268-4533-office
337-268-4534 fax



5. TeamOne W-9 Form

Form W-9 (Rev. November 2005) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification	Give form to the requester. Do not send to the IRS.
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Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	TeamOne Logistics, LLC	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Other ▶ LLC	
	<input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
1686 General Mouton Ave.		
City, state, and ZIP code		
Lafayette, LA 70508		
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 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.

Social security number										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> </tr> </table>										
or										
Employer identification number										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; border: 1px solid black; text-align: center;">2</td> <td style="width: 20px; height: 20px; border: 1px solid black; text-align: center;">0</td> <td style="width: 20px; height: 20px; border: 1px solid black; text-align: center;">8</td> <td style="width: 20px; height: 20px; border: 1px solid black; text-align: center;">0</td> <td style="width: 20px; height: 20px; border: 1px solid black; text-align: center;">1</td> <td style="width: 20px; height: 20px; border: 1px solid black; text-align: center;">7</td> <td style="width: 20px; height: 20px; border: 1px solid black; text-align: center;">3</td> <td style="width: 20px; height: 20px; border: 1px solid black; text-align: center;">6</td> <td style="width: 20px; height: 20px; border: 1px solid black; text-align: center;">4</td> </tr> </table>	2	0	8	0	1	7	3	6	4	
2	0	8	0	1	7	3	6	4		

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

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. person (including a U.S. resident alien).

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 4.)

Sign Here	Signature of U.S. person ▶	Date ▶ 04/21/2008
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Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, 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.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
 - A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
 - Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.
- Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.
- The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:
- The U.S. owner of a disregarded entity and not the entity,



6. Credit Application

CONFIDENTIAL

Please Fax to: TeamOne Logistics, LLC

Fax: (337)267-4446

CREDIT APPLICATION

BILLING/SHIPPING INFORMATION

Official Company Name: _____

Bill to: _____ Ship to: (if different) _____

Main Phone: _____ Main Fax: _____ A/P Fax: _____

BUSINESS INFORMATION

Check One: () Corporation () Partnership () Proprietorship () Subsidiary of or () Division of _____

Years in Operation: _____ Type of Business: _____

Net Worth _____

D&B #: _____ Sales Per Year _____

President/CEO: _____ Treasurer/Controller: _____

VP/Finance: _____ A/P Manager: _____

BANK INFORMATION

Bank: _____ Contact Name: _____

Account No. _____ Phone: _____

Complete Address: _____

TRADE REFERENCES

Reference 1: _____ Contact: _____

Phone No.: _____ Fax No.: _____

Reference 2: _____ Contact: _____

Phone No.: _____ Fax No.: _____

Reference 3: _____ Contact: _____

Phone No.: _____ Fax No.: _____

CUSTOMER'S AUTHORIZATION TO RELEASE BANK AND TRADE INFORMATION

Attention Bank and Trade References: Please provide information on all accounts listed as well as any loan information. You will be serving our interest best if you provide the information over the phone. Thank you.

I/We hereby authorize you to whom this application is made, or your agents, to investigate my/our credit worthiness and will provide financial statements, tax returns etc., as you deem necessary.

Prepared by (signature) _____ Title _____ Date _____

TeamOne Logistics, LLC | 1686 General Mouton Ave | Lafayette, LA 70508 | 800.499.0429 | www.TeamOneWorks.com

Please provide us with copies of all tax exemption certificates



CONFIDENTIAL

Please Fax to: TeamOne Logistics, LLC
Fax: (337)267-4446

7. Customer Information Form

Customer Information Sheet

BILLING/SHIPPING INFORMATION

Official Company Name: _____

Bill to: _____ Ship to: (if different) _____

Main Phone: _____ Main Fax: _____ A/P Fax: _____

BUSINESS INFORMATION

Check One: () Corporation () Partnership () Proprietorship () Subsidiary of or () Division of

Years in Operation: _____ Type of Business: _____ Federal Tax I.D. # _____

President/CEO: _____ Treasurer/Controller: _____

Contact Person: _____ A/P Manager: _____

DISCRIPTION OF SERVICES PERFORMED

INSURANCE

Insurance Agent _____ Contact: _____ Phone

Number: _____ Anniversary Date of Insurance Policy: _____

Insurance Coverage Amount

Liability: _____ Workers Comp: _____

MISCELLANEOUS

Comments: _____

Instructions: _____

CUSTOMER'S AUTHORIZATION TO RELEASE BANK AND TRADE INFORMATION

Attention Bank and Trade References: Please provide information on all accounts listed as well as any loan information. You will be serving our interest best if you provide the information over the phone. Thank you.

I/We hereby authorize you to whom this application is made, or your agents, to investigate my/our credit worthiness and will provide financial statements, tax returns etc., as you deem necessary.

Prepared by (signature) _____ Title _____ Date _____



8. Electronic or Wire Transfer Information

CapitalOne Bank
Routing # 065000090

Credit to – TeamOne Logistics, LLC
Account # 208 12 0977



9. Contact Information

TeamOne Logistics Contact Information

Name	Title	Phone	email
Office	1st call	337-267-4445	info@teamoneworks.com
Fax		337-267-4446	
Toll Free		800-499-0429	
		Alternate Numbers	
Craig Fontenot	Sales/Dispatch	337-322-6293	craig@teamoneworks.com
David Bordelon	Sales/Dispatch	337-280-7720	david@teamoneworks.com
Rachel Fabacher	Sales/Dispatch	337-781-1380	rachel@teamoneworks.com
Lacey Robin	Outside Sales	337-267-4445	lacey@teamoneworks.com
Ashley Young	Outside Sales	337-267-4445	ashley@teamoneworks.com
Dwayne Dailey	Management	337-288-2782	dwayne@teamoneworks.com
Johnette Roger	Office / Accounting	337-267-4445	johnette@teamoneworks.com
Physical Address	1686 General Mouton Ave. Lafayette, LA 70508		
Mailing Address	P. O. Box 53966 Lafayette, LA 70505		
<p>Please call our office first for any of your transportation needs. Should there be a problem, whatever it may be, feel free to call any of the above alternate numbers as necessary.</p> <p>Additionally, feel free to email any comments on our performance, or areas we may improve our service, directly to dwayne@teamoneworks.com so we may better serve you our customer.</p> <p>Thank you for your business!</p> <p>TeamOne</p>			



TeamOne Logistics, LLC
P. O. Box 53966
Lafayette, LA 70505
337.267.4445 office
337.267.4446 fax
800.499.0429

www.TeamOneWorks.com