

“one call moves all”



***stephen
frederick
logistics inc.***

sfl2000.com



p.o. box 28120, north park plaza, brantford, on n3r 7x5

www.sfl2000.com

*toll-free (866) 279-2511
tel (519) 759-6042
fax (519) 759-8136*

At Stephen Frederick Logistics, we are quality driven to provide the best transportation services possible by moving your product from origin to destination safely, efficiently and on time.

Our number one goal and priority is to achieve 100% customer satisfaction as we realize that a satisfied customer is a return customer and our best form of advertisement.

Vision Statement:

Helping companies around Canada and USA move their freight efficiently and cost effectively as possible. We want to be recognized as a premier choice among our current and prospective shippers we provide transportation services for.

Our Core Values:

1. Conduct business honestly, ethically and with integrity
2. Focus on customer needs, requirements and expectations
3. Develop relationships and partnerships with all our Customers and Carriers
4. Continually improve our operations

For our Company to be successful, yours has to be too.

Our Promise:

1. We will be asy to do business with.
2. Ensure all stakeholders feel valued and respected.
3. Create and maintain positive attitudes towards our employees, our customers and our carriers.
4. Motivate and encourage our employee's to offer their best and I return provide support towards achieving their personal and professional goals.

Contact Information

Billing Address: **P.O Box 28120
North Park Plaza
Brantford, Ontario
N3R 7X5**

Phone Number: **519-759-6042**

Fax Number: **519-759-8136 or 519-759-8742 (accounting)**

Dispatch Contacts:

Colleen x203	colleen@sfl2000.com
Corry x204	corry@sfl2000.com
Sarah x 214	sarah@sfl2000.com
Jennifer x217	jennifer@sfl2000.com
Mandy x208	mandy@sfl2000.com
Shawn x210	shawn@sfl2000.com
Richard x 215	richard@sfl2000.com
Heather x211	heather@sfl2000.com
Virginia x507	virginia@sfl2000.com
Laurie x206	laurie@sfl2000.com
Kristy x207	kristy@sfl2000.com

Tracing contacts:

Claudette x212 claudette@sfl2000.com

Accounting Contacts:

Janet x202	accounting@sfl2000.com
Madison x213	accounting@sfl2000.com
Kim x218	accounting@sfl2000.com
Lisa x220	accounting@sfl2000.com

Stephen x200 stephen@sfl2000.com

gst# 89446 7612 RT001
scac code: FKSL
MC #: MC392029B

Complete North American coverage

Canada, United States and Mexico – LTL and TL
Expedited service
Cross docking Facilities
Warehousing
Consolidations and Distribution
Rail and Intermodal

Complete International Coverage

Ocean
Air

Equipment offered

High Cube Dry vans 48' and 53'
reefers
straight trucks
logistics trailers
flatbeds
rack & tarps
double drops
extendable flatbed
roll tites
step decks
rgn – detachable goose neck
b-trains
extendable drop deck
extendable double drop deck
container – Intermodal marine

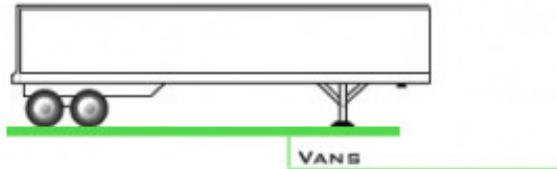
Services offered

Less than truckload (ltl)
Truckload
Skids
Weight
cubic feet

All Your Equipment Needs

Below is a listing of some of the equipment that *Stephen Frederick Logistics Inc.* has available for you.

(Logistics, Reefers, Air-Ride)



Lengths: 48' + 53'
Width: 102"
Height: 102" + 110"
Tandems, Tri-Axles,
Roll-up or Barn Doors

(Spring, Air-Ride)



Length: 48' + 53'
Width: 102"
2,3,4 or 5 Axle
Racks, Tarps, Straps



(Spring, Air-Ride)

Lengths: 48' + 53'
Width: 102"
Height: • lower 3 ft. or 3'8" • upper 60"
Tandems, Tri-Axles



DOUBLE DROP DECKS

(Spring, Air-Ride)
 Lengths: front 13' • drop 25', rear 10'.
 Height: front 60" • drop 24", rear 60"
 Tandems, Tri-Axles



EXTENDABLE
DOUBLE DROPS

(Capacities to 95,000 lbs., Air-Ride Suspension, Removable Necks)
 Bed Lengths from: 24' to 52'
 Bed Width: 102"
 Bed Heights from: 24"
 Tandems or Tri-Axles



STRAIGHT TRUCKS

(Spring, Air-Ride)
 Lengths: 16' up to 28'
 Width: 96" + 102"
 Height: 90" + 96"
 Roll-up or Barn Doors

**All Equipment is Available 24 hours a day
 From all points in the United States and Canada**

Internal use only

Date Deposited
into Bank

(mm/dd/yyyy)

(mm/dd/yyyy)
Date payment
applied on
Account

VISA or MASTERCARD PAYMENTS

Stephen Frederick Logistics

P.O. Box 28120 N Park Plaza PO

Brantford, Ontario N3R 7X5

PH: 519-759-6042 ext 202 Fax: 519-759-8742

email: accounting@sfl2000.com

☐ Pre-Authorized Credit Card Transactions

☐ Visa

☐ MasterCard

Card Number

Expiry Date

I authorize Stephen Frederick Logistics to use my credit card to process all payment for my Transportation Account

Name as printed on the card _____

Signature _____

Customer name as printed on the SFL invoice: _____

SFL Invoice# _____

SFL Invoice# _____

Total Amount of Invoices \$ _____

SFL Invoice# _____

SFL Invoice# _____

Add 4% Admin Fee \$ _____

SFL Invoice# _____

SFL Invoice# _____

Total Authorized Payment \$ _____

☐

US\$

☐

CND\$

Credit Application

Company Name: _____

Address: _____

City: _____ Province/State: _____ Postal/Zip: _____

Telephone number: _____ Fax: _____

Contact: _____ Email: _____

Contact for freight payments: _____ Email: _____

Bill to address (if different than above): _____

Years in business: _____

Dun & bradstreet #: _____

g.s.t. exempt: Y or N g.s.t. # _____ Fed id # _____

Amount of credit required: \$ _____ **ALL INVOICES DUE WITHIN 30 DAYS**

Name of bank: _____ Telephone #: _____

Address: _____

Trade References

Please list below 3 companies which you currently have established credit: (trucking Co. If possible)

1. Company: _____ ph# _____ fx# _____
Address: _____
2. Company: _____ ph# _____ fx# _____
Address: _____
3. Company: _____ ph# _____ fx# _____
Address: _____

The undersigned authorizes Stephen Frederick logistics inc. to conduct credit investigations of the company or any principals thereof for the purpose of determining the credit worthiness of the undersigned and consent to release of such information.

The undersigned agrees that at any time Stephen Frederick Logistics Inc. shall have the right to refuse credit.

The undersigned agrees to pay an administration charge of 2% per month (24% per annum) on the unpaid amount of any overdue invoice. If account goes to collections, customer agrees to pay all associated costs for said services associated for collecting monies owing.

ASK US ABOUT PAYING WITH OUR VISA, FOR THE CUSTOMER WHO COLLECTS AIR MILES (additional charge of 2.8% applies.)

Dated at: _____ this _____ day of _____, 20

Authorized signature: _____

PM-25
(Rev. 1/95)

SERVICE DATE
October 18, 2000

DEPARTMENT OF TRANSPORTATION
FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION

LICENSE

MC 392029 B

STEPHEN FREDERICK LOGISTICS INC.
BRANTFORD, ON, CD

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). Applicant shall also render reasonably continuous and adequate service under this authority. Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

Terry Shelton, Acting Director
Office Data Analysis & Information

Systems

**Certificate of Foreign Status of Beneficial Owner
for United States Tax Withholding**

OMB No. 1545-1621

► Section references are to the Internal Revenue Code. ► See separate instructions.
► Give this form to the withholding agent or payer. Do not send to the IRS.

Do not use this form for:

- A U.S. citizen or other U.S. person, including a resident alien individual W-9
- A person claiming that income is effectively connected with the conduct of a trade or business in the United States W-8ECI
- A foreign partnership, a foreign simple trust, or a foreign grantor trust (see instructions for exceptions) W-8ECI or W-8IMY
- A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession that received effectively connected income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (see instructions) W-8ECI or W-8EXP

Note: These entities should use Form W-8BEN if they are claiming treaty benefits or are providing the form only to claim they are a foreign person exempt from backup withholding.

- A person acting as an intermediary W-8IMY

Note: See instructions for additional exceptions.

Part I Identification of Beneficial Owner (See instructions.)

1 Name of individual or organization that is the beneficial owner STEPHEN FREDERICK LOGISTICS INC.	2 Country of incorporation or organization CANADA															
3 Type of beneficial owner: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Individual</td> <td><input checked="" type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Disregarded entity</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Simple trust</td> </tr> <tr> <td><input type="checkbox"/> Grantor trust</td> <td><input type="checkbox"/> Complex trust</td> <td><input type="checkbox"/> Estate</td> <td><input type="checkbox"/> Government</td> <td><input type="checkbox"/> International organization</td> </tr> <tr> <td><input type="checkbox"/> Central bank of issue</td> <td><input type="checkbox"/> Tax-exempt organization</td> <td><input type="checkbox"/> Private foundation</td> <td colspan="2"></td> </tr> </table>		<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Disregarded entity	<input type="checkbox"/> Partnership	<input type="checkbox"/> Simple trust	<input type="checkbox"/> Grantor trust	<input type="checkbox"/> Complex trust	<input type="checkbox"/> Estate	<input type="checkbox"/> Government	<input type="checkbox"/> International organization	<input type="checkbox"/> Central bank of issue	<input type="checkbox"/> Tax-exempt organization	<input type="checkbox"/> Private foundation		
<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Disregarded entity	<input type="checkbox"/> Partnership	<input type="checkbox"/> Simple trust												
<input type="checkbox"/> Grantor trust	<input type="checkbox"/> Complex trust	<input type="checkbox"/> Estate	<input type="checkbox"/> Government	<input type="checkbox"/> International organization												
<input type="checkbox"/> Central bank of issue	<input type="checkbox"/> Tax-exempt organization	<input type="checkbox"/> Private foundation														
4 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address. 18 HOLIDAY DRIVE City or town, state or province. Include postal code where appropriate. BRANTFORD, ON N3R 7J4																
5 Mailing address (if different from above) PO BOX 28120, NORTH PARK PLAZA City or town, state or province. Include postal code where appropriate. BRANTFORD, ON N3R 7X5																
6 U.S. taxpayer identification number, if required (see instructions) 98-1174477	7 Foreign tax identifying number, if any (optional) <div style="border: 1px solid black; display: inline-block; padding: 2px;"> <input type="checkbox"/> SSN or ITIN </div> <div style="border: 1px solid black; display: inline-block; padding: 2px; margin-left: 10px;"> <input checked="" type="checkbox"/> EIN </div>															
8 Reference number(s) (see instructions)																

Part II Claim of Tax Treaty Benefits (if applicable)

9 I certify that (check all that apply):

- a ☒ The beneficial owner is a resident of CANADA within the meaning of the income tax treaty between the United States and that country.
- b ☒ If required, the U.S. taxpayer identification number is stated on line 6 (see instructions).
- c ☒ The beneficial owner is not an individual, derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits (see instructions).
- d ☐ The beneficial owner is not an individual, is claiming treaty benefits for dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation, and meets qualified resident status (see instructions).
- e ☐ The beneficial owner is related to the person obligated to pay the income within the meaning of section 267(b) or 707(b), and will file Form 8833 if the amount subject to withholding received during a calendar year exceeds, in the aggregate, \$500,000.

10 **Special rates and conditions** (if applicable - see instructions): The beneficial owner is claiming the provisions of Article VII of the treaty identified on line 9a above to claim a -0- % rate of withholding on (specify type of income): SERVICE INCOME. Explain the reasons the beneficial owner meets the terms of the treaty article: THE COMPANY DOES NOT HAVE A PLACE OF BUSINESS OR GROUNDED EMPLOYEES IN THE UNITED STATES. THEREFORE, NO BUSINESS PROFITS ARE ATTRIBUTABLE TO THE UNITED STATES AND NO WITHHOLDING IS REQUIRED.

Part III Notional Principal Contracts

- 11** ☐ I have provided or will provide a statement that identifies those notional principal contracts from which the income is **not** effectively connected with the conduct of a trade or business in the United States. I agree to update this statement as required.

Part IV Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete.

I further certify under penalties of perjury that:

- 1 I am the beneficial owner (or am authorized to sign for the beneficial owner) of all the income to which this form relates,
- 2 The beneficial owner is not a U.S. person,
- 3 The income to which this form relates is (a) not effectively connected with the conduct of a trade or business in the United States, (b) effectively connected but is not subject to tax under an income tax treaty, or (c) the partner's share of a partnership's effectively connected income, and
- 4 For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner.

Sign Here

Signature of beneficial owner (or individual authorized to sign for beneficial owner)

05-14-2014
Date (MM-DD-YYYY)

PRESIDENT

Capacity in which acting

CERTIFICATE OF INSURANCE

This certificate is issued as a matter of information only and confers no rights upon the certificate holder and imposes no liability on the insurer.
This certificate does not amend, extend or alter the coverage afforded by the policies below.

1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS		2A. INSURED'S FULL NAME AND MAILING ADDRESS	
SPECIMEN - FOR INFORMATION PURPOSES ONLY		Stephen Frederick Logistics Inc	
SPECIMEN ONLY		PO Box 28120, Brantford, ON N3R 7X5	
		2B. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS (but only with respect to the operations of the Named Insured)	
		*****THIS DOCUMENT IS FOR INFORMATION PURPOSES ONLY *****	
		POSTAL CODE	

3. COVERAGES

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 terms, exclusions and conditions of such policies.

LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE DATE (M/d/yyyy)	EXPIRY DATE (M/d/yyyy)	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)		
				COVERAGE	DED.	AMOUNT OF INSURANCE
COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input type="checkbox"/> EMPLOYER'S LIABILITY <input type="checkbox"/> CROSS LIABILITY <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input type="checkbox"/> HIRED AUTOMOBILES <input type="checkbox"/> POLLUTION LIABILITY EXTENSION	Northbridge General Insurance Corporation CBC0652446	9/11/2015	9/11/2016	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE EACH OCCURRENCE PRODUCTS AND COMPLETED OPERATIONS AGGREGATE PERSONAL AND ADVERTISING INJURY LIABILITY MEDICAL PAYMENTS TENANTS LEGAL LIABILITY NON OWNED AUTOMOBILE	\$1,000 \$1,000	\$5,000,000 \$5,000,000 \$5,000,000 \$5,000,000 \$25,000 \$500,000 \$5,000,000
AUTOMOBILE LIABILITY <input type="checkbox"/> DESCRIBED AUTOMOBILES <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> LEASED AUTOMOBILES ** <input type="checkbox"/> <input type="checkbox"/> ** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE				BODILY INJURY AND PROPERTY DAMAGE COMBINED BODILY INJURY (PER PERSON) BODILY INJURY (PER ACCIDENT) PROPERTY DAMAGE		
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM (specify) _____				EACH OCCURRENCE AGGREGATE		
OTHER LIABILITY (SPECIFY) <input checked="" type="checkbox"/> Cargo Liability <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Royal & SunAlliance Insurance Company of Canada FF-103766	9/11/2015	9/11/2016	Errors & Omissions		\$300,000

4. CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavour to mail ___15___ days written notice to the certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

5. BROKER'S FULL NAME AND MAILING ADDRESS		6. ADDITIONAL INSURED NAME AND MAILING ADDRESS	
The Dorsey Group - A HUB International Company		SPECIMEN - FOR INFORMATION PURPOSES ONLY	
330 West Street		SPECIMEN ONLY	
Brantford	ON	POSTAL CODE	N3R 7V5
BROKER'S CLIENT ID: FREDE-2		POSTAL CODE	

7. CERTIFICATE AUTHORIZATION

SIGNATURE OF AUTHORIZED REPRESENTATIVE 	PRINT NAME Victoria MacLean, RIBO	POSITION HELD Account Manager	DATE August 27, 2015
COMPANY The Dorsey Group - A HUB International Co	EMAIL ADDRESS victoria.maclea@hubinternational.com	CONTACT NUMBER HOME BUSINESS (519) 720-2506	CELL FAX (519) 759-3312