



Nola Elite Freight Solutions, LLC

McKinneyTx, 75079

Phone: (469) 885-0250

Email: [info.nolaelitefb.com](mailto:info.nolaelitefb.com)

[www.nolaelitefb.com](http://www.nolaelitefb.com)

## *Welcome*

### **Greetings,**

On behalf of the entire team at **Nola Elite Freight Solutions, LLC**, I would like to extend a warm welcome to you as our newest client. We are thrilled to have the opportunity to work with you and support your shipping and logistics needs.

At **Nola Elite Freight Solutions, LLC**, we understand the importance of reliable, efficient, and cost-effective freight services, and we are committed to providing you with the highest level of service. Whether you are shipping locally or nationally, you can trust that your shipments will be handled with care and precision every step of the way.

Our team is here to ensure your experience with us is smooth and stress-free. If you ever have questions or need assistance, do not hesitate to reach out. We are always available to provide you with the information and support you need.

Thank you for choosing **Nola Elite Freight Solutions, LLC**. We look forward to a successful and long-lasting partnership with you!

Warm regards,

Anequia Brown  
Founder/CEO  
Nola Elite Freight Solutions, LLC  
PH: 469-885-0250



Nola Elite Freight Solutions, LLC  
McKinneyTx,75079  
Phone: (469) 885-0250  
Email: info.nolaelitefb.com

## PROPERTY BROKER – SHIPPER TRANSPORTATION AGREEMENT

THIS agreement, "**AGREEMENT**", made and intended to be effective this (the) \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by and between **(Nola Elite Freight Solutions, LLC)** located at **(McKinney, Tx 75079)** ("**BROKER**") and \_\_\_\_\_ ("**SHIPPER**"), having offices at \_\_\_\_\_ collectively, the "**PARTIES**".

### RECITALS

- a) **WHEREAS BROKER** warrants that it is licensed as a Property Broker by the Federal Motor Carrier Safety Administration (**FMCSA**) in Docket Number **MC1734090** and as a licensed broker, arranges for freight transportation. A copy of **BROKER's** authority is attached as Appendix A and a copy of **BROKER's** Surety Bond or trust fund agreement is attached as Appendix B; and
- b) **WHEREAS SHIPPER**, to satisfy some of its transportation needs, desires to utilize the services of **BROKER** to arrange for transportation of **SHIPPER's** freight; and
- c) **WHEREAS BROKER** desires to perform property brokerage services for Shipper, subject to the terms and conditions set forth below:

**NOW THEREFORE**, intending to be legally bound, **BROKER** and **SHIPPER** agree as follows:

The term of this Agreement shall be for one (1) year and shall automatically be renewed for successive one (1) year periods; provided, however, that this Agreement may be terminated at any time by giving ten (10) days prior written notice to the other party.

Broker represents and warrants that it is duly and legally qualified to operate as a property Broker and to provide the transportation services contemplated herein. Broker agrees to comply with all federal, state and local laws regarding the provision of such Brokerage services. The parties understand and agree that Broker functions as an independent entity, and not as a carrier, in selling, negotiating, providing and arranging for transportation for compensation.

Shipper shall tender certain shipments, from time to time, to Broker. The charges and rates for each shipment shall be provided in a rate agreement. The parties agree that the charges invoiced by Broker shall be the agreed upon contract rate of the parties for the services provided unless such payment is objected to by Shipper within ten (10) days of the invoice date. Shipper agrees to pay Broker within fifteen (15) days of receiving the invoice. Interest will accrue after 30 days of an unpaid invoicing at a rate of (1.5%). Shipper shall also be liable for any expenses, including attorney fees, Broker incurs in collecting its rates and charges.

Broker shall defend, indemnify, and hold harmless Shipper from any loss or damage, including loss, damage or injury to persons or property, that Shipper may incur as a direct result of Broker's negligent acts or omissions. However, it is understood and agreed that Broker assumes no liability for bodily injury, property damage or public liability arising out of the involved transportation. Shipper shall defend, indemnify, and hold harmless Broker from any and all loss or damage, including loss, damage or injury to persons or property, that Broker may incur as a direct result of Shipper's negligent acts or omissions.



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## **PROPERTY BROKER – SHIPPER TRANSPORTATION AGREEMENT**

Broker represents and warrants that it is an independent contractor under this Agreement and that its agents and/or employees are under Broker's exclusive management and control, and that Shipper neither exercises nor retains any control over Broker, its operations, agents, or employees in any manner whatsoever.

Broker shall make reasonable efforts to place Shipper's loads with responsible carriers for the purposes of transporting the loads with reasonable dispatch under the direction of Shipper. However, the parties understand and agree that Broker, by signing this Agreement, makes no express or implied warranties or guarantees concerning delivery time or the locating of a carrier to provide the transportation services requested by Shipper.

In the event of a cargo loss, damage or shortage claim, Shipper agrees to notify Broker immediately by phone and to subsequently submit to Broker a written claim, fully supported by all relevant documentation, including but not limited to the signed delivery receipt, listing the nature and cause of the claim for cargo damage within twenty (20) days following the date of delivery. No claims or allowances for shortages, damage or delay will be considered unless clearly noted on the delivery receipt or bill of lading signed by the consignee at delivery. Broker assumes no liability for cargo loss, damage, or shortage. However, Broker agrees to submit, negotiate, and settle all cargo claims with the responsible carrier and to keep Shipper advised of the status of all such claims. Upon request by Shipper, Broker shall assign its rights against the carrier to Shipper. Nothing herein shall be construed to restrict any right or cause of action Shipper may have against any carrier involved with the transportation of Shipper's shipment.

Unless otherwise agreed in writing, all shipments tendered shall be accepted on a bill of lading acceptable to Shipper as the shipping document. In the event of a conflict between the bill of lading terms and this Agreement, this Agreement shall prevail. Upon request of Shipper, Broker shall require all carriers to obtain a delivery receipt from the consignee, showing the products delivered, condition of the shipment and the date and time of such delivery.

Broker agrees to notify Shipper of any accident or other event which prevents carrier from making a timely or safe delivery.

No party may assign this Agreement without the prior written consent of the other party. However, Broker may co-broker any shipments made on behalf of Shipper under this Agreement.

This Agreement constitutes the entire agreement of the parties with reference to the subject matters herein, and may not be changed, waived, or modified except in writing signed by both parties. This Agreement shall be construed in accordance with the laws of the **TEXAS**. All civil actions filed as a result of disputes arising out of this Agreement shall be filed in the court of proper jurisdiction in the **TEXAS**.



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The language of this Agreement shall be construed according to its fair meaning and shall not be construed against the party or parties drafting it.

This Agreement, including all Appendices and Addenda, constitutes the entire agreement intended by and between the **PARTIES** and supersedes all prior or contemporaneous agreements, representations, warranties, statements, promises, information, arrangements, and understandings, whether oral, written, expressed or implied, with respect to the subject matter hereof. The **PARTIES** further intend that this Agreement constitutes the complete and exclusive statement of its terms and that no extrinsic evidence may be introduced to reform this Agreement in any judicial or arbitration proceeding involving this Agreement.

IN WITNESS WHEREOF, the **PARTIES** hereto have caused this Agreement to be executed in their respective names by their fully authorized representatives as of the dates first above written.

**Nola Elite Freight Solutions, LLC.**

**Anequia Brown, Owner**

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Company: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



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## PROPERTY BROKER – SHIPPER TRANSPORTATION AGREEMENT



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
Month/Date/Year

<b>PRODUCER</b> Insurance Agent/Broker Name Insurance Agent/Broker Street Address or P.O. Box Insurance Agent/Broker City, State & Zip Code Contact & Phone Number	<b>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.</b>																		
<b>INSURED</b> Vendor Name Vendor Street Address or P.O. Box Vendor City, State & Zip Code	<table border="1"><thead><tr><th colspan="2">INSURERS AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>Name of Insurance Company</td><td>Enter NAIC#</td></tr><tr><td>INSURER B:</td><td>Name of Insurance Company (if applicable)</td><td>Enter NAIC#</td></tr><tr><td>INSURER C:</td><td>Name of Insurance Company (if applicable)</td><td>Enter NAIC#</td></tr><tr><td>INSURER D:</td><td>Name of Insurance Company (if applicable)</td><td>Enter NAIC#</td></tr><tr><td>INSURER E:</td><td>Name of Insurance Company (if applicable)</td><td>Enter NAIC#</td></tr></tbody></table>	INSURERS AFFORDING COVERAGE		NAIC #	INSURER A:	Name of Insurance Company	Enter NAIC#	INSURER B:	Name of Insurance Company (if applicable)	Enter NAIC#	INSURER C:	Name of Insurance Company (if applicable)	Enter NAIC#	INSURER D:	Name of Insurance Company (if applicable)	Enter NAIC#	INSURER E:	Name of Insurance Company (if applicable)	Enter NAIC#
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INSURER E:	Name of Insurance Company (if applicable)	Enter NAIC#																	

#### 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 LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS														
A	<input checked="" type="checkbox"/>	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Enter Policy #	Enter Effective Date	Enter Expiration Date	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$N/A</td></tr><tr><td>PERSONAL &amp; ADV INJURY</td><td>\$1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$2,000,000</td></tr><tr><td>PRODUCTS - COM/POP AGG</td><td>\$1,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000	MED EXP (Any one person)	\$N/A	PERSONAL & ADV INJURY	\$1,000,000	GENERAL AGGREGATE	\$2,000,000	PRODUCTS - COM/POP AGG	\$1,000,000		\$
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PRODUCTS - COM/POP AGG	\$1,000,000																			
	\$																			
A	<input checked="" type="checkbox"/>	<b>AUTOMOBILE LIABILITY</b> <input checked="" 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 <input type="checkbox"/> <input type="checkbox"/>	Enter Policy #	Enter Effective Date	Enter Expiration Date	<table border="1"><tr><td>COMBINED SINGLE LIMIT (Each Occurrence)</td><td>\$1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Each Occurrence)	\$1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$						
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BODILY INJURY (Per person)	\$																			
BODILY INJURY (Per accident)	\$																			
PROPERTY DAMAGE (Per accident)	\$																			
A	<input checked="" type="checkbox"/>	<b>GARAGE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/>	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	<table border="1"><tr><td>AUTO ONLY - EA ACCIDENT</td><td>\$1,000,000</td></tr><tr><td>OTHER THAN EA ACC</td><td>\$</td></tr><tr><td>AUTO ONLY: AGG</td><td>\$</td></tr></table>	AUTO ONLY - EA ACCIDENT	\$1,000,000	OTHER THAN EA ACC	\$	AUTO ONLY: AGG	\$								
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OTHER THAN EA ACC	\$																			
AUTO ONLY: AGG	\$																			
A	<input checked="" type="checkbox"/>	<b>EXCESS/UMBRELLA LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$Enter Amount	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$Enter Limit</td></tr><tr><td>AGGREGATE</td><td>\$Enter Limit</td></tr><tr><td></td><td>\$</td></tr><tr><td></td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$Enter Limit	AGGREGATE	\$Enter Limit		\$		\$		\$				
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AGGREGATE	\$Enter Limit																			
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A	<input checked="" type="checkbox"/>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	Enter Policy #	Enter Effective Date	Enter Expiration Date	<table border="1"><tr><td><input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$500,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$500,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$500,000</td></tr></table>	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER		E.L. EACH ACCIDENT	\$500,000	E.L. DISEASE - EA EMPLOYEE	\$500,000	E.L. DISEASE - POLICY LIMIT	\$500,000						
<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER																				
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E.L. DISEASE - POLICY LIMIT	\$500,000																			
	<input type="checkbox"/>	<b>OTHER</b>																		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

#### CERTIFICATE HOLDER

Aviation Week Events (Show Management)/Freeman/DCC  
2 Penn Plaza, 25th Floor  
New York NY 10121  
Event Date: April 2-5, 2012

#### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 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.





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## PROPERTY BROKER – SHIPPER TRANSPORTATION AGREEMENT

FORM BMC-84 Revised 05/19/2017

OMB No.: 2126-0017 Expiration: 05/31/2020

USDOT Number: \_\_\_\_\_ Date Received: \_\_\_\_\_

A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0017. Public reporting for this collection of information is estimated to be approximately 10 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, Washington, D.C. 20590.



United States Department of Transportation  
Federal Motor Carrier Safety Administration

Broker's or Freight Forwarder's Surety Bond under 49 U.S.C. 13906

## FORM BMC-84

KNOW ALL MEN BY THESE PRESENTS, that we, \_\_\_\_\_,  
(Name of Broker or Freight Forwarder)

of \_\_\_\_\_,  
(Street) (City) (State) (Zip)

as PRINCIPAL (hereinafter called Principal), and \_\_\_\_\_,  
(Name of Surety)

a corporation, or a Risk Retention Group established under the [Liability Risk Retention Act of 1986, Pub. L. 99-563](#), created and existing

under the laws of the State of \_\_\_\_\_ (hereinafter called Surety), are held and firmly bound unto the United States of  
(State)

America in the sum of \$75,000 for a broker or freight forwarder, for which payment, well and truly to be made, we bind ourselves and our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal is or intends to become a Broker or Freight Forwarder pursuant to the provisions of [Title 49 U.S.C. 13904](#), and the rules and regulations of the Federal Motor Carrier Safety Administration relating to insurance or other security for the protection of motor carriers and shippers, and has elected to file with the Federal Motor Carrier Safety Administration such a bond as will ensure financial responsibility and the supplying of transportation subject to the [ICC Termination Act of 1995](#) in accordance with contracts, agreements, or arrangements therefore, and

WHEREAS, this bond is written to assure compliance by the Principal as either a licensed Broker or a licensed Freight Forwarder of Transportation by motor vehicle with [49 U.S.C. 13906\(b\)](#), and the rules and regulations of the Federal Motor Carrier Safety Administration, relating to insurance or other security for the protection of motor carriers and shippers, and shall inure to the benefit of any and all motor carriers or shippers to whom the Principal may be legally liable for any of the damages herein described.

NOW, THEREFORE, the condition of this obligation is such that if the Principal shall pay or cause to be paid to motor carriers or shippers by motor vehicle any sum or sums for which the Principal may be held legally liable by reason of the Principal's failure faithfully to perform, fulfill, and carry out all contracts, agreements, and arrangements made by the Principal while this bond is in effect for the supplying of transportation subject to the [ICC Termination Act of 1995](#) under license issued to the Principal by the Federal Motor Carrier Safety Administration, then this obligation shall be void, otherwise to remain in full force and effect.

The liability of the Surety shall not be discharged by any payment or succession of payments hereunder, unless and until such payment or payments shall amount in the aggregate to the penalty of the bond, but in no event shall the Surety's obligation hereunder exceed the amount of said penalty. The Surety agrees to furnish written notice to the Federal Motor Carrier Safety Administration forthwith of all suits filed, judgements rendered, and payments made by said Surety under this bond.

This bond is effective the \_\_\_\_\_ day of \_\_\_\_\_, 12:01 a.m., standard time at the address of the Principal as stated herein and shall continue in force until terminated as hereinafter provided. The Principal or the Surety may at any time cancel this bond by written notice to the Federal Motor Carrier Safety Administration at its office in Washington, DC, such cancellation to become effective thirty (30) days after actual receipt of said notice by the FMCSA on the prescribed Form BMC-36, Notice of Cancellation Motor Carrier and Broker Surety Bond. The Surety shall not be liable hereunder for the payment of any damages herein before described which arise as the result of any contracts, agreements, undertakings, or arrangements made by the Principal for the supplying of transportation after the termination of this bond as herein provided, but such termination shall not affect the liability of the Surety hereunder for the payment of any such damages arising as the result of contracts, agreements, or arrangements made by the Principal for the supplying of transportation prior to the date such termination becomes effective.

The receipt of this filing by the FMCSA certifies that a Broker Surety Bond has been issued by the company identified above, and that such company is qualified to make this filing under [Section 387.315 of Title 49](#) of the Code of Federal Regulations.

Falsification of this document can result in criminal penalties prescribed under [18 U.S.C. 1001](#).



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**PROPERTY BROKER – SHIPPER TRANSPORTATION AGREEMENT**



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

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

**SERVICE DATE**  
December 05, 2019

**PERMIT**  
**MC-123456**  
U.S. DOT No. 1234567  
ABCXYZ TRUCKING INC  
YOURTOWN, CA

This Permit is evidence of the carrier's authority to engage in transportation as a **contract carrier of property (except household goods)** by motor vehicle in interstate or foreign commerce.

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 387) and the designation of agents upon whom process may be served (49 CFR 366). Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

Service must be performed under a continuing agreement with one or more persons.

A handwritten signature in black ink, appearing to read 'Jeffrey L. Secrist'.

Jeffrey L. Secrist, Chief



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## PROPERTY BROKER – SHIPPER TRANSPORTATION AGREEMENT

FORM BOC-3

OMB No.: 2126-0015 Expiration: 04/30/2026

USDOT Number: \_\_\_\_\_ Date Received: \_\_\_\_\_

Please note, the expiration date as stated on this form relates to the process for renewing the Information Collection Request for this form with the Office of Management and Budget. This requirement to collect information as requested on this form does not expire. For questions, please contact the Office of Registration and Safety Information, Registration, Licensing, and Insurance Division.

*Tenga en cuenta que la fecha de caducidad indicada en este formulario se refiere al proceso de renovación de la solicitud de recoger de información para este formulario con la Oficina de Gestión y Presupuesto. Este requisito para recopilar información como se solicita en este formulario no expira. Para preguntas, por favor comuníquese con la Oficina de Información de Registro y Seguridad, Registro, Licencias y División de Seguros.*

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0015. Public reporting for this collection of information is estimated to be approximately 10 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

*Una agencia federal no puede conducir o auspiciar, y una persona no está sujeta a responder ni será sujeta a penalidades por fallar en cumplir con una recolección de información sujeta a los requerimientos del Acto de Reducción de Papeleo, a menos que la recolección de información muestre un Número de Control OMB válido. El Número de Control OMB para esta recolección de información es 2126-0015. El reporte público para esta recolección de información es estimado en aproximadamente 10 minutos por respuesta, incluyendo el tiempo para revisar las instrucciones, obtener los datos necesarios y completar y revisar la recolección de información. Todas las respuestas a esta recolección de información son mandatorias. Enviar los comentarios respecto a esta carga estimada o cualquier otro aspecto de esta recolección de información, incluyendo sugerencias para reducir esta carga a: Oficial de Clarificación de Recolección de Información, Administración Federal de Seguridad del Autotransporte, MR-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.*



United States Department of Transportation  
Federal Motor Carrier Safety Administration

### Designation of Agents for Service of Process Designación de Agentes del Servicio de Proceso

## FORM BOC-3

FULL AND CORRECT LEGAL BUSINESS NAME OF CARRIER, BROKER, OR FREIGHT FORWARDER:  
Nombre Comercial Legal Completo y Correcto del Transportista, Corredor o Agente de Carga:

ADDRESS OF CARRIER, BROKER, OR FREIGHT FORWARDER:  
Dirección del Transportista, Agente, o el Destinatario del Flete:

STREET ADDRESS Dirección	CITY Ciudad	STATE/PROVINCE Estado/Provincia	ZIP CODE + 4 Código postal + 4	COLONIA (Mexico only) Colonia (sólo México)	FOREIGN COUNTRY País Extranjero
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COMPANY OFFICIAL AUTHORIZED TO SIGN FORM:  
Funcionario de la Empresa Autorizado a Firmar el Formulario:

TITLE OF AUTHORIZED PERSON  
Título de la Persona Autorizada

NAME OF AUTHORIZED PERSON (please print)  
Nombre de la Persona Autorizada (por favor imprima)

SIGNATURE OF AUTHORIZED PERSON  
Firma de la Persona Autorizada

TELEPHONE NUMBER  
Número Telefónico





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PROPERTY BROKER – SHIPPER TRANSPORTATION AGREEMENT

<b>Form W-9</b> (Rev. March 2024) Department of the Treasury Internal Revenue Service	<b>Request for Taxpayer Identification Number and Certification</b>	<b>Give form to the requester. Do not send to the IRS.</b>
	Go to <a href="http://www.irs.gov/FormW9">www.irs.gov/FormW9</a> for instructions and the latest information.	
<b>Before you begin.</b> For guidance related to the purpose of Form W-9, see <i>Purpose of Form</i> , below.		
Print or type. See Specific Instructions on page 3.	<b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	<b>2</b> Business name/disregarded entity name, if different from above.	
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	
	<b>4</b> 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.)	
	<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/>	
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions.	
	<b>6</b> City, state, and ZIP code	
<b>7</b> List account number(s) here (optional)		
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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>								
				-				
<b>or</b>								
<b>Employer identification number</b>								
				-				

**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 for Part II, later.

<b>Sign Here</b>	<b>Signature of U.S. person</b>	<b>Date</b>
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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](http://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