



CLIENT WELCOME PACKET COMMERCIAL

WELCOME



Our team of transportation experts has over 160 years of combined experience within the logistics industry, which allows them to provide quality services to our clients. Our dynamic business model integrates technology with innovation, which delivers the visibility our customers need to ensure a streamlined transportation process.

MISSION

To REMAIN the fastest transportation company in America through integrating the latest artificial intelligence algorithms inside Load Genie, Rite Way's proprietary smart match load platform.

Let's do this!

RITE WAY TRANSPORT GROUP

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.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type.
See Specific Instructions on page 3.

1 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.) Rite Way Transport LLC	
2 Business name/disregarded entity name, if different from above.	
<p>3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><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 checked="" type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) S Note: 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)</p>	
<p>3b 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"/></p>	
5 Address (number, street, and apt. or suite no.). See instructions. 3917 NW 126th Avenue	Requester's name and address (optional)
6 City, state, and ZIP code Coral Springs FL 33065	
7 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 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.

Social security number										
<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
or										
Employer identification number										
2	7	-	1	1	0	3	9	8	1	

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.

Sign Here

Signature of
U.S. person

Date

11/1/2025

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 this form because they



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/22/2025

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 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	CONTACT NAME: Transportation and Logistics Practice	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS: tlcerts@epicbrokers.com	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Beazley Marine Insurance- Syndicate 2623/623		AA1128623
INSURED	INSURER B : Certain Underwriters at Lloyd's of London	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES CERTIFICATE NUMBER: 417347 VERIFICATION NUMBER: 42626808

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L SUBR INSD/WWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY		W5147H25PNVE	04/18/2025	04/18/2026	EACH OCCURRENCE \$ 1,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 2,000,000
	OTHER:					PRODUCTS - COMP/OP AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY		W5147H25PNVE	04/18/2025	04/18/2026	COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO					BODILY INJURY (Per person) \$
	ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> Contingent					Aggregate \$ 1,000,000
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
B	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DED	RETENTION \$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y / N				PER STATUTE \$
	ANYP PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	<input type="checkbox"/>				OTH-ER \$
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
A	Excess Contingent Auto Liability		B1820WLS25E154	04/18/2025	04/18/2026	E.L. DISEASE - POLICY LIMIT \$
	Contingent Cargo					

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

Deductible: USD 10,000 each occurrence



CERTIFICATE HOLDER

CANCELLATION

Rite Way Transport Group LLC 3917 NW 126 Ave. Coral Springs, Florida 33065	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 <i>Chris A. Hart</i>

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CERTIFICATIONS

✓ **DUNS**

033766467

✓ **CAGE**

77CK9

✓ **MC**

693761

✓ **DOT**

2245444

✓ **SCAC**

RWAP



OUR SERVICES

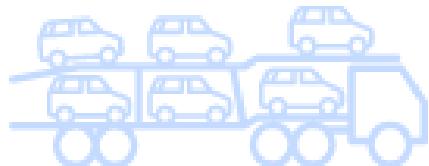
AT **RITE WAY TRANSPORT GROUP**, WE TAKE CARE OF
ALL YOUR TRANSPORTATION NEEDS!
WHAT DO YOU NEED TO TRANSPORT?

- Transportation of superloads
- Load tracking
- Export of equipment
- Power only towing
- Nationwide machinery transport
- Pilot car and escort services
- Construction equipment transportation
- Boat manufacturer transportation
- Specialized transport
- 5th wheel transport
- Commercial truck shipping
- Truck piggybacking service and sacking services
- Driveaway services
- Government contracting

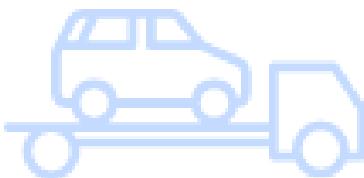
OUR SERVICES

AT **RITE WAY TRANSPORT GROUP**, WE TAKE CARE OF
ALL YOUR TRANSPORTATION NEEDS!
WHAT DO YOU NEED TO TRANSPORT?

AUTO



FULL TRUCK LOAD



SINGLES



INOPERABLE

OUR
SERVICES

HEAVY HAUL

2-18 AXLE TRAILERS

DOUBLE DROP

FLAT BED

STEP DECK

RGN

DRIVEAWAY

POWER ONLY

PAYMENT

ACH/WIRE INSTRUCTIONS:

COMPANY: RITE WAY TRANSPORT GROUP
ROUTING (ACH) #267084131
ROUTING (WIRE) #021000021
ACCOUNT #865103771
SWIFT CODE: CHASUS33
CHASE BANK
6500 N. STATE RD. 7
COCONUT CREEK, FL 33073
954-698-9056

ALL CHECKS TO BE MAILED TO:

RITE WAY TRANSPORT GROUP ADDRESS:
3917 NW 126TH AVE
CORAL SPRINGS FL 33065

REMITTANCE MUST BE SENT TO:

REMITTANCE@RITEWAYTRANSPORT.COM

WE ACCEPT: ACH, WIRES, CREDIT CARDS AND
COMPANY CHECKS.

CREDIT CARD AUTHORIZATION FORM IN THE
NEXT PAGE.

CREDIT CARD AUTHORIZATION FORM



Company Name: _____

I, _____, hereby authorize Rite Way Transport Group LLC to charge my credit card for the following amount \$ _____ on _____ (mm/dd/yy)
This payment is for the following: _____

BILLING INFORMATION:

Billing _____ Address: _____

City, State, Zip: _____
Phone #: _____
Email: _____

CREDIT CARD INFORMATION

Card Type: Mastercard | Visa | Discover | AMEX | Other _____
Cardholder Name: _____
Card Number (#): _____
Expiration: _____ (mm/yy) CCV: _____ Cardholder ZIP: _____

CARDHOLDER SIGNATURE

I authorize the above named merchant to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one (1) use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Cardholder Signature: _____ Date: _____ (mm/dd/yy)
Printed Name: _____

Please email to back
maria@ritewaytransport.com for processing purposes.

please add the order I.D. or invoice number.