

Desti**NATION**

T R A N S P O R T

101 Broadway St. W Suite 200 Osseo, MN 55369



Physical Address:

DestiNATION Transport, LLC
101 Broadway Street W. Suite 200
Osseo, MN 55369

Remittance Address:

Scale Bank c/o DestiNATION Transport, LLC
Lockbox #185 - P.O. Box 1575 Minneapolis,
MN 55480

Direct Deposit Info:

Routing: 091014924
Account: 47448

Phone #: 763-489-6225 or 763-489-6245

Fax #: 888-561-1886

MC #: 895727

USDOT# : 2591761

FEIN #: 47-2545546

SCAC: DNPC

DUNS #: 076789008

SURETY BOND: AVALON \$75,000

TIA BOND #: 14901

Visit us Online: www.destinationtrans.com

Email Us: info@destinationtrans.com

WHO WE ARE, AND WHAT WE CAN DO FOR YOU!

DESTINATION TRANSPORT SPECIALIZES IN TRUCKLOAD, LESS-THAN-TRUCKLOAD, INTERMODAL AND SPECIALTY OVER-THE-ROAD SHIPPING AND LOGISTICS CONSULTING.

OUR SOLE MISSION IS TO PROVIDE OUR CUSTOMERS WITH THE BEST THIRD-PARTY LOGISTICS AND SHIPPING EXPERIENCE POSSIBLE. PROMPT EXECUTION OF PICKUP, DELIVERY, AND SUPERIOR COMMUNICATION ARE WHY OUR CUSTOMERS CONTINUE TO RELY ON OUR SERVICES FOR THEIR TRANSPORTATION NEEDS.

OUR SERVICES



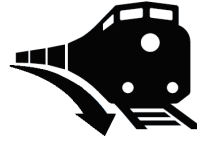
DRY-VAN



OPEN DECK



**TEMPERATURE
CONTROLLED**



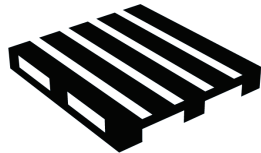
INTERMODAL



**STRAIGHT BOX
TRUCK**



**EXPEDITED
TEAM**



LTL



FLATBED HOTSHOT



SPECIALTY



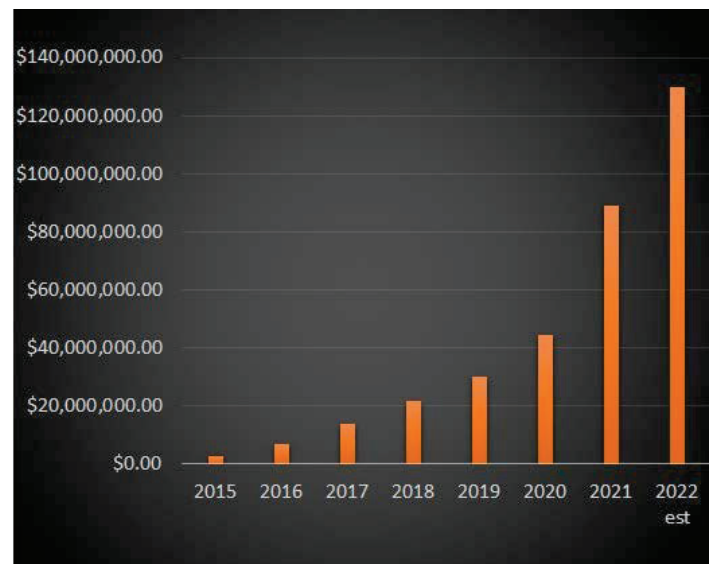
GPS TRACKING

GROWTH

ETHICS, TRANSPARENCY, COMMUNICATION AND SHEER HARD WORK HAS FUELED DESTINATION TRANSPORT TO GROW SIGNIFICANTLY YEAR OVER YEAR.

BY PUTTING THE CUSTOMER FIRST, AND SIMPLY FOLLOWING THROUGH WITH OUR PROMISES IS WHAT WE DO, THAT OF WHICH THE TRANSPORTATION INDUSTRY AS A WHOLE HAS STRAYED AWAY FROM IN RECENT YEARS.

WE STRIVE TO PROVIDE COMPETITIVE MARKET PRICING, BUT MAKE SURE TO ALWAYS DELIVER SERVICE LEVELS THAT EXCEED OUR COMPETITION AND MARKET EXPECTATION.





When we think of how far DestiNATION has come, we think of our customers. We understand that our job starts and ends with customer satisfaction.

We look forward to offering you the best shipping experience possible.



DestiNATION Transport, LLC

101 Broadway Street W Suite 200 Osseo, MN 55369

Phone – 763-489-6225

Fax – 888-561-1886

Info@destinationtrans.com

www.destinationtrans.com



DestiNATION Transport, LLC
101 Broadway St W. Suite 200
Osseo, MN 55369
Phone: 763-489-6225
Fax: 888-561-1886

Application for Credit

APPLICANT NAME & ADDRESSES

Legal Business Name: _____

Representative Name: _____ Title: _____

Physical Address: _____ City: _____ State: _____ ZIP: _____

Billing Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____ Email: _____

Federal TaxID #: _____ D&B#: _____

BUSINESS INFO & ACCOUNTS PAYABLE

Please Check One: Corporation LLC Sole Proprietorship Other

Industry of Business: _____ Years in Business: _____

Primary Shipping Needs: Truckload LTL Both Credit Required: _____

If Division/Subsidiary- Name of Parent Company: _____

Accounts Payable Contact: _____

Phone: _____ Fax: _____ Email: _____

Preferred Invoicing Method (check one): EMAIL FAX MAIL (remit to billing address)

BANKING INFO

Bank: _____ Branch: _____ Phone: _____

Address: _____ City: _____ State: _____ ZIP: _____

Officer Contact: _____ Email: _____ Fax: _____

Account Number: _____ Type of Account: _____

I hereby authorize bank named above to release information requested for the purpose of obtaining and/or reviewing credit.

TRADE REFERENCES

	<u>Name</u>	<u>Contact</u>	<u>Address</u>	<u>Phone#</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

THE ABOVE INFORMATION is for the purpose of obtaining credit and is warranted to be true. I/we hereby authorize the company to whom this application is made to investigate the references pertaining to my/our credit and financial responsibility. THE AUTHORIZED SIGNATORY SIGNING THIS APPLICATION ON BEHALF OF ITS COMPANY HAS THE POWER TO AND CONSENTS ITS COMPANY TO THE ATTACHED TERMS.

Authorized Signatory: _____ Date: _____

Printed Name: _____ Title: _____

CREDIT POLICY: Invoices are rendered upon delivery of shipment.

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CREDIT TERMS: All invoices are due thirty (30) days from the invoice date. Customer's obligation to pay hereunder is absolute. Customer shall not have any right to setoff or offset against any amounts owed DestiNATION for services rendered. All claims for a concealed loss or concealed damage, provided there is no visible evidence of damage, and no additional reasonable transportation occurred, shall be reported to the transporting Carrier and DestiNATION Transport within fourteen (14) days of the date of delivery with supporting documentation including, but not limited to, pictures and proof of damage. All claims against the transporting carrier for concealed loss or concealed damage reported after fifteen (15) days of the date of delivery will be denied. All past due invoices shall be subject to a service charge of one and a half percent (1 ½ %) per month of the average outstanding balance due. All funds received by DESTINATION TRANSPORT LLC will be applied to the oldest outstanding invoiced BOL (based on date on pick-up). In the event past due invoices are turned over to an agency and/or an attorney for collection, Customer agrees to pay, in addition to the account balance, all interest payments, and collection costs including reasonable attorney fees. Force Majeure and any charges before, during or after will be at the sole discretion of Destination Transport. The parties hereby stipulate the exclusive jurisdiction of the state or federal courts situated in Hennepin County, State of Minnesota over any litigation between the parties arising hereunder. The parties further agree that the sole and exclusive venue for any action arising out of or relating to this Agreement shall be the state or federal courts situated in Hennepin County, State of Minnesota.

*** DestiNATION Transport is a federally authorized transportation broker. DestiNATION is not a motor carrier. As a transportation broker, DestiNATION maintains cargo legal insurance policy with limits up to \$100,000.00. The need for additional insurance for full truckload must be arranged and agreed upon prior to tender and pickup. Insurance coverage for less-than-truckload and partial shipments is assessed on a load-by-load basis, and is dependent on varying factors including, but not limited to, weight, dimension and type of cargo. Rates may be subject to adjustment dependent on insurance needs and requirements.***

PLEASE EMAIL TO: CREDIT@DESTINATIONTRANS.COM



ADDITIONAL REMARKS SCHEDULE

AGENCY MARSH USA, LLC.		NAMED INSURED DestiNATION Transport, LLC 101 Broadway Street W Ste 200 Osseo, MN 55369	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Contingent Auto Liability

Policy No.: USM4293867-00

Carrier: Colony Insurance Company

Effective Date: 03/23/2025

Expiration Date: 03/23/2026

Deductible: \$25,000

Limit: 5,000,000

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 <i>Specific Instructions</i> on page 3.	<p>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.)</p> <p>DestiNATION Transport LLC</p>		
	<p>2 Business name/disregarded entity name, if different from above.</p>		
	<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</p> <p><input checked="" type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)..... S</p> <p>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.</p> <p><input type="checkbox"/> Other (see instructions) _____</p>		<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p><i>(Applies to accounts maintained outside the United States.)</i></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>		
	<p>5 Address (number, street, and apt. or suite no.). See instructions.</p> <p>101 Broadway Street West, Suite 200</p>	<p>Requester's name and address (optional)</p>	
	<p>6 City, state, and ZIP code</p> <p>Osseo, MN 55369</p>		
	<p>7 List account number(s) here (optional)</p>		

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.

Social security number									
or									
Employer identification number									
4	7	-	2	5	4	5	5	4	6

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.

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 <i>Matt Griswold</i>	Date <i>7/23/25</i>
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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.

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



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

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

SERVICE DATE

March 26, 2015

LICENSE

MC-895727-B

U.S. DOT No. 2591761
DESTINATION TRANSPORT LLC
ANOKA, MN

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.

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

Jeffrey L. Secrist, Chief
Information Technology Operations Division

BPO



July 05, 2023

ROBERT GRISWOLD
DESTINATION TRANSPORT LLC
203 JACKSON ST STE 203
ANOKA, MN 55303-2474

CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) RENEWAL

The Standard Carrier Alpha Code of **DNPC** has been renewed for:

DESTINATION TRANSPORT LLC
203 JACKSON ST STE 203
ANOKA, MN 55303-2474
MC-895727
US DOT-2591761

This Alpha Code will apply only to the company name shown above through June 30, 2024. Approximately two months prior to expiration of this SCAC, NMFTA will provide a renewal notice which must be promptly returned together with payment to ensure its continued validity. Should the company name, address or contact information need an update, please notify the National Motor Freight Association, Inc. at customerservice@nmfta.org.

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

If you participate in the Customs & Border Protection (CBP) ACE program and you have an issue with using your SCAC with ACE, please contact CBP at the following email address: AMSSCAC@cbp.dhs.gov. All SCACs are automatically uploaded to ACE within 24 hours. To participate in the Automated Export System (AES) program, please email AMSSCAC@cbp.dhs.gov and askaes@census.gov a request, along with a copy of the NMFTA SCAC letter, to enable your SCAC for AES. Additional information on CBP's automated programs can be found at: <https://www.cbp.gov/trade/automated/getting-started>.

NOTICE: Renewal of the above listed SCAC is unrelated to participation in the National Motor Freight Classification (NMFC). Further, it does not confer membership in the National Motor Freight Traffic Association, Inc. nor allow use of the NMFC inconnection with freight rates. For participation and membership information, please call (703) 838-1810.



POWERED BY



Destination Transport, LLC

is a duly licensed property broker pursuant to the authority of the Federal Motor Carrier Safety Administration*,
having successfully met the financial responsibility criterion to the amount of \$75,000* through the TIA Bond Program.

\$75,000*

*FMCSA Authority, Bond Status, and Bond Limit valid as of February 27, 2025

Bond No.: 14091

A handwritten signature in black ink, appearing to read "Michael S. Brown", written over a horizontal line.

Michael S. Brown, President & CEO

Avalon Risk Management, CA License: 0E81627

Authorized Representative**

**Bonds underwritten by Southwest Marine & General Insurance Company