



**Pexa Logistics, LLC**  
**Carrier Packet**

Dear Carrier Applicant:

We appreciate your interest in coming on board as one of our approved carriers. To ensure quick approval, please fax or email all of the items below:

- Complete the Broker / Motor Carrier Agreement, sign and return it via mail or fax to (973) 265-4905. If you email the Agreement, please follow up with a fax or original via mail, as we must have the signature(s) on file.
- Complete the Carrier Profile attached.
- Provide a copy of your Contract Carrier Authority.
- Certificate of Insurance, listing Pexa Logistics, 315 Wootton St (Suite P), Boonton, NJ 07005, as a certificate holder on your policy -- your insurance agent **must sign** the proof of insurance certificate and send it directly to us. The Certificate of Insurance must list the amounts specified in the Broker / Motor Carrier Agreement.
- Completed FORM W-9 for taxpayer identification. Canadian-based carriers should provide FORM W-8, which is not included in this packet. Form W-9 is available at <http://www.irs.gov/pub/irs-pdf/fw9.pdf>.
- Other documentation (if applicable):
  - Copy of your Hazardous Materials Registration
  - Canadian authorities held by your company

We would like to thank you for choosing Pexa Logistics as your business partner and we look forward to working with you. Please feel free to reach out to us with any questions or concerns.

Sincerely,

Pexa Logistics  
315 Wootton Street, Suite P  
Boonton, NJ 07005  
Operations@pexalogistics.com  
(855) 223-8037  
FAX (973) 265-4905



## INFORMATION SHEET

### Operating and Financial Information – Pexa Logistics, LLC

<b>Broker Authority</b>	MC#889854
<b>Surety Trust</b>	615986436
<b>Company Type</b>	LLC
<b>Insurance</b>	Willis of New Jersey
<b>State of Incorporation</b>	New Jersey, United States
<b>Corporate Offices</b>	Boonton, New Jersey
<b>Federal Tax Identification</b>	47-2307425
<b>NAIC5</b>	488510 – Freight Transportation Arrangement
<b>SCAC Code</b>	PEXJ

### Management Team

<b>President and Chief Executive Officer</b>	Robert M. Cerchione
<b>Chief Financial Officer</b>	Michael A. Cerchione
<b>General Manager</b>	Melissa Van Zile
<b>Director, Compliance</b>	Melissa Smith

### Trade References

<b>Carrier</b>	<b>MC/FF#</b>	<b>Contact Name</b>	<b>Telephone</b>	<b>Other</b>
Apex Xpress	MC-123329	Jocelyn Lopez	201-601-0100, x7131	201-601-9330 fax
Xpedited Services	MC-666220	Krishna Eustaquio	201-200-1652	201-453-4586 fax
Rojo Transport, LLC	FF-1941	Robert McKenna	908-459-0185	908-310-2473 cell

### Financial Institutions

<b>For Depository Inquiries</b>	<b>For Credit Inquiries</b>
Freedom Bank 201-599-3000	Freedom Bank 201-599-3000



## Carrier Profile

<b>Carrier Name</b>	<b>MC#</b>
<b>Street Address</b>	
<b>City</b>	<b>State / Zip</b>

<b>Remit Payment to</b>	<b>Attn:</b>
<b>Mailing Address</b>	
<b>City</b>	<b>State / Zip</b>

**Federal Tax ID #** \_\_\_\_\_ **SCAC Code** \_\_\_\_\_

**Company Type:** Corporation \_\_\_\_\_ LLC \_\_\_\_\_  
 Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_  
 Other: (specify) \_\_\_\_\_

**Are you Haz-Mat Certified?** Yes / No (circle one) If yes, attach a copy of Haz-Mat Certification

**Communication with Drivers, check all that apply:** ( ) Cell Phone ( ) Satellite ( ) Computer  
 ( ) Other – please specify

**Telephone Numbers:**

<b>Watts</b>	<b>Direct</b>
<b>After Hours</b>	<b>Fax</b>
<b>Contacts</b>	

**Preferred method to tender loads:** ( ) Email ( ) Phone ( ) Fax To: \_\_\_\_\_

<b>Owner/Officer Name</b>	<b>Title</b>
<b>Manager Name</b>	<b>Title</b>
<b>Dispatcher(s)</b>	

**Number of Drivers** \_\_\_\_\_ **Number of Owner-Operators** \_\_\_\_\_ **Number of Tractors** \_\_\_\_\_

<b>Trailer Type</b>	<b>Trailer Length</b>	<b>Number of Units</b>
Dry Van		
Dry Van / Airride		
Reefer		
Flatbed		

**Preferred Lanes:** \_\_\_\_\_  
 \_\_\_\_\_



## Carrier Payment Policy and Proof of Delivery Requirements

To avoid delays in our payment to you, please note the following Payment and Proof of Delivery Policy.

### Standard Pay:

Our payment terms are net 30 days from the date Pexa Logistics receives **all** of the following documents:

- a. Your invoice - must match the signed rate confirmation exactly
- b. Original or a legible copy of the signed proof of delivery
- c. Final, signed rate confirmation(s), which must match the invoice
- d. All reimbursable receipts

Submit documents via email to:                      Operations@Pexalogistics.com  
OR Fax Number:    (973) 265-4905  
OR Mail / Overnight Address:

Pexa Logistics  
Attn: Accounts Payable  
315 Wootton St (Suite P)  
Boonton, NJ 07005

### Quick Pay:

You **MUST** request Quick Pay from your dispatcher.

To receive Quick Pay by Comcheck: any acceptable, legible invoice and proof of delivery that we receive between 8 am and 3 pm ET will be paid the same day between the hours of 3 pm and 6 pm ET. The fee is 2.5% of the balance due, plus \$5.00 service fee.

To receive Quick Pay by Paper Check: any acceptable, legible invoice and proof of delivery that we receive between 8 am and 3 pm ET will be processed and mailed to you within 48 hours. The fee is 2.5% of the balance due.

### Other Important Information:

- Unauthorized delays in the pickup or delivery of the load may be charged back to you.
- A minimum charge of \$100 shall apply for any appointment(s) you miss.
- All accessorial charges must be stated in the original, signed rate confirmation or agreed to in a subsequent written and signed rate confirmation.
- To be an approved carrier, your USDOT safety rating must be Satisfactory. If you show a Conditional rating or are not rated in the SAFER database, we may disqualify you based on your "SafeStat" data.