



Customer Packet

www.priority1inc.com

Welcome to Priority1

Our mission is to be the innovator and leader establishing lifelong partnerships with our customers, employees, and vendors by exceeding their expectations through our people, technology, expertise, and value. We want our employees to feel working at Priority1 is a career and not just a job. As we continue to grow, the core of our success will never change: our employees.

Priority1 created the below Core Leadership values to ensure each and every employee knew the expectations that we set for ourselves each and every day. We want to ensure we create a culture of servant leaders that strive to get better each day. This value provides a framework for success and defines our legacy as a company.

Personal Courage – Willing to make difficult decisions when they are right but sometimes not the easiest.

Respect – Embracing the differences in culture, lifestyles and personalities. Understanding and thriving upon the fact that each of us have different skill sets that are molded together to make us a special company.

Integrity – The quality of being honest and having strong moral principals.

Opportunity – We accept and understand we are not perfect and that there are opportunities for each of us to improve. How we did it before is not always the best way to do it moving forward. Understanding that to be truly great you have to look inward regularly.

Results – Delivering above and beyond our forecast.

Inspiration – Pushing your teams to do more than they thought they ever could. Define a clear path of where we want to go, while providing the tools and passion to get there.

Trust – We understand we are forming partnerships with our employees, customers and vendors. Trust is the foundation for these partnerships.

Yield – Balancing our human capital with financial performance in a cumulative effort to produce the best outcome.



Priority1 Company Information

Physical Address:

1800 East Roosevelt Rd
Little Rock, AR 72206

Phone: (501) 371-9814
Fax: (501) 371-5960
Toll Free: (888) 569-8035

Federal ID#
Dunn & Bradstreet #:
MC #
SCAC
DOT #

Corporate Officers:
Date of Incorporation:
State of Incorporation:

Bank References:

Trade References:

R&L Carriers
PO Box 713153
Columbus, OH 43271-3153
PH: 501-945-4277

SMS Trucking, Inc
PO Box 1314
Cabot, AR 72023
PH: 501-605-1125

Transplace Stuttgart
PO Box 90407
Chicago, IL 60696
PH: 800-643-9566

www.priority1inc.com

Mailing Address:

PO Box 398
North Little Rock, AR 72115

71-0790065
80-465-5744
312916
POIP
22837

Ken Hamilton, President
May 2, 1996
Arkansas

Bank of America
200 West Capitol
Little Rock, AR 72201
Fax – 900-733-5100 (\$10 charge for query)

Southeastern Freight Lines Inc.
PO Box 100104
Columbia, SC 29202-3104
PH: 803-794-7300

Saia Motor Freight Line Inc
PO Box 730532
Dallas, TX 75373-0532
PH: 501-565-5114

Acknowledgments:



Priority1 was recently named one of the best places to work in the state of Arkansas. We are honored to receive this award and the foundation of our company is and always will be our employees. Day in and day out, our employees are the faces of our company and take care of our customers by providing tremendous support. Our company has experienced tremendous growth in the last 6 years and that growth wouldn't be possible without our employees.



Visit our Blog:

When Priority1 redesigned the company website and updated our logo, we wanted to make sure we had a way to reach our customers and the industry. One way in which we decided we could do that was through a company blog. The intent was that we could take different business leaders at Priority1, give them a topic, and have them provide some industry insight that may be helpful to a customer, vendor, or anyone out there looking for information on the topic. As we worked on defining the topics, we decided that we would dedicate this week's post to our staff as well as provide some insight as to how Priority1 operates from a cultural perspective.

<http://priority1inc.com/category/priority1-blog/>



2015 Torch Award Winner for Ethics:

On April 23rd 2015 over 100 Arkansas companies were considered for the Torch Award and nine became finalist. Of those nine, Priority1 was selected as a winner. We pride ourselves as an organization on growth and success done the right way.



Payments & Contacts:

Sandi Marshall – Financial Services Analyst
PH: 501-371-9814
Fax: 501-374-5960
Email: sandi@priority1inc.com

Carolyn McCray – Financial Services Analyst
PH: 501-371-9814
Fax: 501-374-5960
Email: Carolyn@priority1inc.com

Lynn Denton-Jones – Financial Services Analyst
PH: 501-371-9814
Fax: 501-374-5960
Email: lynn.denton-jones@priority1inc.com

Alternate Email: p1collections@priority1inc.com

We are a NET 15 Company

Payment (checks) Mailing Address:

PO Box 398
North Little Rock, AR 72115

ACH Payment Information:

We accept ACH/Wire payment please email your financial service analyst or p1collections@priority1inc.com for more information.

Please make sure you send us a remit when you're sending payments



Go Green!

Priority1 utilizes paperless billing – please provide the email accounts you wish to receive your invoicing through.

It saves time, money, and trees!

We will email all invoices to any two email addresses of your choice. They will be sent out daily, making it easier for your company. We can also fax or mail your invoices if a hard copy is needed.

Getting started is easy! Just email your financial service analyst or p1collections@priority1inc.com with the name of your company and the email addresses you want them sent to.

If the email the invoices go to, and the email for following up on payment status is different please let us know. We have an automated email that will go out on the 3rd Sunday of the month to inform you of past due invoices with us.

If you need BOLs or PODs with your invoices in order to process payment please let us know.



PRIORITY-1, INC.

BUSINESS APPLICATION AND PURCHASE AGREEMENT

BUSINESS NAME: _____ (“CUSTOMER”)

STREET ADDRESS: _____
(Include City, State and Zip Code)

MAILING ADDRESS: _____

SALES TAX EXEMPTION #: _____ TELEPHONE#: _____

CHECK ONE: _____ SOLE PROPRIETORSHIP _____ PARTNERSHIP _____ CORPORATION _____ LLC _____ OTHER

IF OTHER, PLEASE EXPLAIN: _____

DATE BUSINESS BEGAN: _____ GROSS ANNUAL SALES (last two years): _____

THE OWNERS OR PRINCIPAL STOCKHOLDERS OF THE COMPANY ARE:

NAME _____ NAME _____ NAME _____

TITLE _____ TITLE _____ TITLE _____

PHONE # _____ PHONE # _____ PHONE # _____

THE OFFICERS OF THE COMPANY ARE:

NAME _____ NAME _____ NAME _____

TITLE _____ TITLE _____ TITLE _____

PHONE # _____ PHONE # _____ PHONE # _____

THE ACCOUNTS PAYABLE CONTACT FOR THE COMPANY IS:

NAME _____ PHONE # _____ EMAIL ADDRESS _____

PLEASE FURNISH FOUR CREDIT REFERENCES (INCLUDING PRIMARY BANK INFORMATION):

1. BANK NAME: _____ TELEPHONE #: (____) _____

CONTACT: _____ FAX: (____) _____ EMAIL: _____

LENGTH OF RELATIONSHIP WITH CREDITOR: _____ ACCOUNT NUMBER: _____

2. NAME: _____ TELEPHONE: (____) _____

CONTACT: _____ FAX: (____) _____ EMAIL: _____

LENGTH OF RELATIONSHIP WITH CREDITOR: _____

3. NAME: _____ TELEPHONE: (____) _____

CONTACT: _____ FAX: (____) _____ EMAIL: _____

LENGTH OF RELATIONSHIP WITH CREDITOR: _____

4. NAME: _____ TELEPHONE #: (____) _____

CONTACT: _____ FAX: (____) _____ EMAIL: _____

LENGTH OF RELATIONSHIP WITH CREDITOR: _____

ALL CREDIT REFERENCES ARE SPECIFICALLY AUTHORIZED TO PROVIDE CREDIT AND ACCOUNT INFORMATION TO PRIORITY-1, INC. THE UNDERSIGNED REPRESENTS AND VERIFIES THAT THE INFORMATION CONTAINED IN THIS BUSINESS APPLICATION AND PURCHASE AGREEMENT IS TRUE AND CORRECT AND THAT HE/SHE HAS THE AUTHORITY TO EXECUTE THIS BUSINESS APPLICATION AND PURCHASE AGREEMENT.

NAME: _____ SIGNATURE: _____

TITLE: _____ DATE: _____

TERMS AND CONDITIONS

CUSTOMER HEREBY AGREES THAT ALL PURCHASES MADE ARE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS:

1. CUSTOMER AGREES TO THE TERMS AND CONDITIONS SET FORTH ON THE PRIORITY-1 WEBSITE (<http://priority1inc.com/terms-and-conditions/>). THE TERMS AND CONDITIONS SET FORTH ON THE WEBSITE ARE INCORPORATED HEREIN AS IF SET FORTH WORD FOR WORD.
2. ALL AMOUNTS DUE FOR SERVICES PURCHASED FROM PRIORITY-1, INC. ARE PAYABLE AT P.O. BOX 398, NORTH LITTLE ROCK, ARKANSAS 72115, NO LATER THAN THE DUE DATE SPECIFIED ON YOUR INVOICE. THE SERVICES PURCHASED FROM PRIORITY-1, INC. ARE NOT PAYABLE IN INSTALLMENTS BUT ARE PAYABLE IN FULL AS STATED HEREIN.
3. CUSTOMER SHALL PAY, IN THE EVENT ITS ACCOUNT BECOMES DELINQUENT AND IS TURNED OVER TO AN ATTORNEY FOR COLLECTION, REASONABLE ATTORNEY'S FEES PLUS ALL COURT COSTS AND ATTENDANT COLLECTION COSTS. ALL LATE PAYMENTS ARE SUBJECT TO FINANCE CHARGES UP TO THE MAXIMUM ALLOWED BY LAW.
4. THIS PURCHASE AGREEMENT IS PERFORMABLE IN LITTLE ROCK, PULASKI COUNTY, ARKANSAS. THE AGREEMENT SHALL BE GOVERNED BY THE LAWS OF THE STATE OF ARKANSAS. CUSTOMER CONSENTS AND AGREES THAT PRIORITY-1, INC. MAY MAINTAIN ANY SUIT TO ENFORCE THIS PURCHASE AGREEMENT OR TO COLLECT ANY DEBT OWED TO PRIORITY-1, INC. IN ANY COURT IN PULASKI COUNTY, ARKANSAS WHICH HAS SUBJECT MATTER JURISDICTION, AND CUSTOMER EXPRESSLY CONSENTS AND SUBMITS TO THE JURISDICTION, AND WAIVES ANY OBJECTION TO VENUE OR PERSONAL JURISDICTION, OF ANY SUCH COURT.
5. THE UNDERSIGNED ACKNOWLEDGES AND AGREES THAT THE GOODS AND SERVICES ARE SOLD TO CUSTOMER IN RELIANCE ON THE INFORMATION PROVIDED HEREIN. THE UNDERSIGNED FURTHER ACKNOWLEDGES AND CONFIRMS THAT HE/SHE HAS THE EXPRESS AND ACTUAL AUTHORITY TO EXECUTE THIS BUSINESS APPLICATION AND PURCHASE AGREEMENT ON BEHALF OF CUSTOMER.

SIGNED: _____ DATE: _____

NAME (Print): _____ TITLE: _____

SIGNED: _____ DATE: _____

NAME (Print): _____ TITLE: _____

PERSONAL GUARANTEE

WE, THE UNDERSIGNED, DO HEREBY JOINTLY AND SEVERALLY PERSONALLY GUARANTEE THE PAYMENT OF ALL SUMS AS THEY MAY BECOME DUE ON THE ABOVE ACCOUNT AND FURTHER PERSONALLY GUARANTEE THE ABOVE CUSTOMER'S FULL PERFORMANCE OF ALL PURCHASES ON SAID ACCOUNT. WE FURTHER PERSONALLY GUARANTEE THE PAYMENT OF ANY LOSS, EXPENSE (INCLUDING ATTORNEY'S FEES) AND/OR LIABILITY SUSTAINED BY PRIORITY-1, INC. BY REASON OF, OR RELATED TO, THE ABOVE CUSTOMER'S FAILURE TO PERFORM OR TO PAY WHEN DUE THE CHARGES INCURRED IN ACCORDANCE WITH THE ABOVE AGREEMENT. PRIORITY-1, INC. SHALL NOT BE REQUIRED TO, AND THE UNDERSIGNED HEREBY WAIVE ANY AND ALL RIGHTS TO REQUIRE, PRIORITY-1, INC. TO PROSECUTE OR SEEK TO ENFORCE ANY REMEDIES AGAINST CUSTOMER OR ANY OTHER PARTY LIABLE TO PRIORITY-1, INC. FOR PAYMENT OF THIS ACCOUNT. THE UNDERSIGNED RECOGNIZE AND ACKNOWLEDGE THAT THE CUSTOMER IS BEING EXTENDED CREDIT SOLELY UPON THE CONDITION OF THE EXECUTION OF THIS GUARANTEE AND THAT SAID EXTENSION OF CREDIT CONSTITUTES SUFFICIENT CONSIDERATION FOR THE ENFORCEMENT OF THIS GUARANTEE.

THIS GUARANTEE IS PERFORMABLE IN PULASKI COUNTY, ARKANSAS, AND GUARANTOR CONSENTS AND AGREES THAT PRIORITY-1, INC. MAY MAINTAIN ANY SUIT TO ENFORCE THIS GUARANTEE, IN ANY COURT LOCATED AND SITTING IN PULASKI COUNTY, ARKANSAS WHICH HAS SUBJECT MATTER JURISDICTION AND GUARANTOR EXPRESSLY CONSENTS AND SUBMITS TO THE JURISDICTION, AND WAIVES ANY OBJECTION TO PERSONAL JURISDICTION OR VENUE, OF ANY SUCH COURT.

SIGNED: _____ DATE: _____

NAME (Print): _____ TITLE: _____

SIGNED: _____ DATE: _____

NAME (Print): _____ TITLE: _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Priority 1, Inc.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) 5 Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) P.O. Box 398	
	6 City, state, and ZIP code North Little Rock, AR 72115	
	7 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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.																																																			
Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center;">Social security number</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="10" style="text-align: center;">or</td> </tr> <tr> <td colspan="10" style="text-align: center;">Employer identification number</td> </tr> <tr> <td style="width: 20px; height: 20px; text-align: center;">7</td> <td style="width: 20px; height: 20px; text-align: center;">1</td> <td style="width: 20px; height: 20px; text-align: center;">-</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">7</td> <td style="width: 20px; height: 20px; text-align: center;">9</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">6</td> <td style="width: 20px; height: 20px; text-align: center;">5</td> </tr> </table>	Social security number																				or										Employer identification number										7	1	-	0	7	9	0	0	6	5
Social security number																																																			
or																																																			
Employer identification number																																																			
7	1	-	0	7	9	0	0	6	5																																										

Part II Certification	
Under penalties of perjury, I certify that:	
1. 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	
2. 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	
3. I am a U.S. citizen or other U.S. person (defined below); and	
4. 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 on page 3.	

Sign Here	Signature of U.S. person ▶ <i>Steph J. Controller</i>	Date ▶ <i>1/8/16</i>
------------------	---	----------------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.