



Quad Modal Logistics
Logistics . Distribution . Expedited

Dear Transportation Manager,

As someone who is always seeking qualified assistance to move your freight and meet deadlines, we at Quad Modal Logistics are eager to showcase the unique advantages we offer. We are confident that partnering with us will result in a professional, productive, and rewarding experience. Our team diligently coordinates with shippers and consignees to ensure products are loaded and delivered efficiently and safely. Additionally, we can support your warehousing needs through our network of contracted external warehouses.

Our objective:

- Provide cost effective transportation solutions for our customers
- Offer our customers a variety of transportation options
- Local Cartage/Hot Shot/Over The Road
- Less Than Truckload (LTL)
- Full Truckload (FTL)
- Temperature Controlled Shipping & Warehousing Environments
- Time Sensitive & High Value Options

What our customers can expect from us:

- One point of contact for multiple services
- Quality Freight Handling & Management
- Flexible, adaptable, detail, oriented customer service
- Timely and reliable lines of communication
- Dedicated freight solutions tailor-made to suite your shipping needs
- Expedited and same day service
- Seasoned logistics professionals with an average of 20 plus years

Please do not hesitate to contact any of our dedicated team members here at Quad Modal Logistics. We are willing to listen to your needs and help you with a solution. Thank you for your interest in Quad Modal Logistics.

Sandra Soto

President
Quad Modal Logistics Inc

Quad Modal Logistics Inc
7001 Boulevard 26, Suite #331 North Richland Hills, TX 76180
Phone: 817-891-6313 Fax: 817-887-3889
Quadmodal.com



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Information

General Information			
Company Name	Address	Address Cont.	Phone & Fax
Quad Modal Logistics Inc	7001 Boulevard 26, Suite 331	N. Richland Hills, TX 76180	(817) 891-6313 (phn)
			(817) 887-3839 (fax)

Name	Details
TAX ID Number	85-2670367
US DOT Number	3475583
Motor Carrier Number	MC-1138981-B
Bond Number	ACC006004489

Contact Information			
Employee	Email	Title	Phone
Sandra Soto (Admin)	ssoto@quadmodal.com	President	(817) 903-8150
Eric Deans	edeans@quadmodal.com	Vice President	(321) 477-8378
Kioma Nunez	knunez@quadmodal.com	Operations Manager	(214) 813-6089
Operations	ops@quadmodal.com	Operations Team	(817) 891-6313
Accounting	admin@quadmodal.com	Accounting Team	(817) 891-6313

Bank Information			
Name	Address	Address Cont.	Phone
Chase Bank	4420 Golden Triangle Blvd.	Fort Worth, TX 76244	(817) 431-0245

Name	Details
Routing Number	111000614
Account Number	653682796
Payee	Quad Modal Logistics, Inc
	7001 Boulevard 26, Suite 331
	North Richland Hills, TX 76180

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

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

SERVICE DATE
May 21, 2024

LICENSE
MC-1138981-B
U.S. DOT No. 3475583
QUAD MODAL LOGISTICS INC
HASLET, TX

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 cursive script, reading "Jeffrey L. Secrist".

Jeffrey L. Secrist, Division Chief
Office of Registration

BPO

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.	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.) Quad Modal Logistics, Inc	
	2 Business name/disregarded entity name, if different from above.	
	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. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input checked="" 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) 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) _____	4 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.)
	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"/>	
	5 Address (number, street, and apt. or suite no.). See instructions. 7001 Boulevard 26, Suite #331	Requester's name and address (optional)
6 City, state, and ZIP code North Richland Hills, TX 76180		
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									
			-						
or									
Employer identification number									
8	5	-	2	6	7	0	3	6	7

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>Sandra Solo</i>	Date <i>05/20/2024</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

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

Bond Number: ACC006004489

MC# and/or FF#: 1138981

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, QUAD MODAL LOGISTICS INC,
(Name of Broker or Freight Forwarder)

of 11408 GLENDERRY LANE HASLET TX 76052,
(Street) (City) (State) (Zip)

as PRINCIPAL (hereinafter called Principal), and Allegheny Casualty Company,
(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 New Jersey (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 07TH day of MAY, 2024, 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](#).

IN WITNESS WHEREOF, the said Principal and Surety have executed this instrument on the 07TH day of MAY, 2024.

PRINCIPAL

QUAD MODAL LOGISTICS INC
COMPANY NAME
11408 GLENDERRY LANE HASLET
STREET ADDRESS CITY
TX 76052 (817) 891-6313
STATE ZIP CODE TELEPHONE NUMBER

(type or print Principal officer's name and title)

(Principal officer's signature)

(type or print witness's name)

(witness's signature)

SURETY

Allegheny Casualty Company
COMPANY NAME
One Newark Center, 20th Floor Newark
STREET ADDRESS CITY
NJ 07102 (215) 766-1990
STATE ZIP CODE TELEPHONE NUMBER

Jaren A. Marx, Attorney-in-Fact

(type or print Principal officer's name and title)

DIGITAL SIGNATURE ON FILE

(Principal officer's signature)

(type or print witness's name)

(witness's signature)

(affix Surety seal)

Filings must be transmitted online via the Internet at <http://www.fmcsa.dot.gov/urs>.



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Shipper Application For Credit

Requestor	Date

Company Information

Name	Details		
Company Name			
Mailing Address			
City, State, Zip			
Contact Name			
Email Address			
Phone			
Fax			
Years In Business		Type Of Business	

Bank Information

Name	Details		
Bank Name			
Mailing Address			
City, State, Zip			
Contact Name			
Email Address			
Phone			
Routing Number		Account Number	



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Trade References

Name	Details
Business Name	
Address	
City, State, Zip	
Contact Name	
Email Address	
Phone	

Name	Details
Business Name	
Address	
City, State, Zip	
Contact Name	
Email Address	
Phone	

Name	Details
Business Name	
Address	
City, State, Zip	
Contact Name	
Email Address	
Phone	

Terms and Conditions: All amounts are payable within 30 days of purchase. Proof of delivery can be provided upon request.
All claims must be filed within 7 days of delivery. All amounts are to be paid in full before any claim will be filed.

Name	Details			
Printed Name & Title				
Signature	<table><tr><td></td><td>Date</td><td></td></tr></table>		Date	
	Date			

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