



***epameric***



EP America is an International Freight Company specialized in moving freight throughout the NAFTA corridor. We focus on optimizing transit times, flexibility, security and transparency, allowing our customers to have greater control over their freight while increasing efficiency in their supply chain.

## OUR SERVICES

We have plenty of expertise and all type of services, beyond Dry Van, Flatbeds, Reefers or LTL loads, we can assist customers with: Premium, Volume Quote/Partial Shipments, Fragile Cargo, Hazardous Materials, Out of Gauge, Heavy Loads, Hand Carry, Hot Shots, Multi-Stops, Tradeshow Deliveries, High Value and more.



AIR



FULL TRUCK LOAD



INTERMODAL



LESS THAN TRUCK LOAD



HEAVY HAUL



FLATBED



CRITICAL CARGO

## FAST FACTS



•EP America is an International Freight Company with expertise in Supply Chain Management and Compliance Control.



•Our worldwide revenue adds up nearly \$80 million USD.



•EP America is part of Europartners Group, founded in 2002, one of the fastest growing logistics companies in the Mexico freight industry.



•22 EP America offices in the NAFTA region (USA, Canada & Mexico).



•Aggressive global expansion goals (2020 Goal = 120 EP-A offices worldwide).



•Growth of 237% in the last 3 years in Mexico (from \$24.6 million USD in 2009 to \$58.30 million USD in 2012).



•Diversified customer base (over 900 Clients).



•Powered by talented people, driven by Values.



## EP AMERICA'S WAY TO WORK

We take pride in providing the most flexible and friendliest service to our partner carriers to drive value for our customers. Please share with us the lanes you are targeting and we will find the right freight for it. We aim to be an extension of your sales force and help you achieve your operational goals.





## READY TO MAKE A GREAT DECISION? BECOME OUR PARTNER!

Please check below our requirements and submit our new vendor registration form attached along with required documentation to [pricing.otr@ep-america.com](mailto:pricing.otr@ep-america.com). Upon completion and approval, a Carrier Manager will contact you to complete our setup process. We look forward to working with your company!

To become an Approved Carrier you must provide and meet the following criteria:

Complete the new vendor registration form, including valid main carrier contact information and dispatch contact information.

Submit an electronic W-9, W-8 for MEXICAN and CANADIAN Carriers

You will be required to meet the following Carrier Compliance Requirements:

- ☐ Safety Rating must be Satisfactory or None.
- ☐ Proof of Active Operating Authority.
- ☐ Proof of Bond.
- ☐ All Carriers must have appropriate Federal, State, or Provincial Authority.
- ☐ Being financially stable.

Provide a Certificate of Insurance that meets the insurance minimum requirements below.

Certificates must be submitted from your insurance provider

- ☐ A minimum of \$100,000 Cargo Coverage
- ☐ \$1,000,000 Auto Coverage
- ☐ Worker's Compensation as required by law.
- ☐ General Liability (GL) insurance in a minimum amount of \$1,000,000 is preferred.
- ☐ EP America Inc must be shown as certificate holder address: 3340A Greens Rd.  
Suite 700, Houston, TX 77032

If EP America does not already have a copy of your certificate on file, we will request it from you or from your insurance carrier.





New Vendor Register Form

Rev No.

Form Version Created On:  
October 2013  
Form Version Reviewed On:  
November 2013  
Pag 1 of 1

COMPANY DETAILS

Full Name:				
Main Address:		City:		
Post Code:		State:		Country:
Phone:		Fax:		Tax ID:
MC#:		DOT#:		SCAC#:

SUPPLIER TYPE

Carrier	Services	Forwarders / Agents
<input type="checkbox"/> Trucking <input type="checkbox"/> Shipping Line <input type="checkbox"/> Airline	<input type="checkbox"/> Customs Broker <input type="checkbox"/> CFS / Warehouse <input type="checkbox"/> Other	<input type="checkbox"/>

CONTACT INFORMATION

Account Payables				
Contact Name:	Job Title	Phone and Ext.	Email	Branch
Operation Staff				
Contact Name:	Job Title	Phone and Ext.	Email	Branch
Others				
Contact Name:	Job Title	Phone and Ext.	Email	Branch

BANK INFORMATION FOR ACH PAYMENTS

Bank Name:		Branch:		Currency:	
Account Number:			SWIFT/ABA/ROUTING#:		
Bank Name:		Branch:		Currency:	
Account Number:			SWIFT/ABA/ROUTING#:		

CREDIT INFORMATION\*

Credit Limit:	Preferred payment Method:	Credit days:

PROOF OF INSURANCE & W-9 MUST BE ATTACHED TO THIS FORM





EP America, Inc

EP America Info For Vendors & Credit Appls

Domestic Corporation Type NR578  
Operation Start Date: Sept, 2011  
EIN 26-4578773

Transportation Purpose / Code 484120  
MC# 770295     DOT# 2265278  
SCAC EPAN  
DUNS 03-481-1573

Own by: Europartners Mexico

Officers:	President /CEO	-	Jose Morales
	Treasurer	-	Dora Chang

Billing Information:

Ep America, Inc.  
3340A Greens Rd. Suite 700, Houston, TX 77032  
Ph: (281) 848-5983 ext 156  
Fx: (855) 560 3632

Bank References

Bank name:	Wells Fargo Bank, N.A.
Branch:	Niles
Address:	5640 West Touhy Avenue Niles, IL 60714-4001
Contact:	Chery M Meyer
Email 1:	cheryl.m.meyer@wellsfargo.com
Phone #:	+1 (847) 779-3783
Fax #:	+1 (847) 588-0366
Account #:	8187152650

For remittance, please only email the invoices to OTR staff, including Ep America Shipment# as our reference, and attaching BOL and POD.

Please email your SOA including copy of the invoices to: [accounting@ep-america.com](mailto:accounting@ep-america.com)

OTR Main Contacts

Name	Email	Phone	Position
Roger Garza	<a href="mailto:roger.garza@ep-america.com">roger.garza@ep-america.com</a>	905-366-6144 ext. 790	Canada OTR Manager
Esmeralda Garza	<a href="mailto:esmeralda.garza@ep-america.com">esmeralda.garza@ep-america.com</a>	956-602-0129	OTR Manager
Stephania Soto	<a href="mailto:accounting@ep-america.com">accounting@ep-america.com</a>	(281) 848-5983 ext 156	Accounts Payable

OTR Trade References:

Company Name:	Set Freight International, LLC
Address:	8417 Amparan Rd. Laredo, TX 78045
Contact Name:	Alejandro Herrada
Email:	<a href="mailto:alejandro.herrada@palosgarza.com">alejandro.herrada@palosgarza.com</a>
Phone Number:	(956) 523 7290 ext. 1209
Company Name:	PAM Transportation
Address:	317 Weathers Dr. Laredo, TX 78045
Contact Name:	Sarah Brock
Email:	<a href="mailto:BROCS@pamt.com">BROCS@pamt.com</a>
Phone Number:	(479) 361-5382
Fax Number:	(479) 361-4838
Company Name:	Nolan Transportation Group, LLC
Address:	365 Northridge Rd., Suite 100B Atlanta, GA 30350
Contact Name:	Andi Garza
Email:	<a href="mailto:receivables@ntgfreight.com">receivables@ntgfreight.com</a>
Phone Number:	(770) 509-9611 ext 1135
Fax Number:	(678) 569-1059





Form **W-9**  
(Rev. December 2014)  
Department of the Treasury  
Internal Revenue Service

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.  
**EP AMERICA 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:  

☐ Individual/sole proprietor or single-member LLC

☒ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

☐ 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.

☐ 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 FATCA reporting code (if any)  
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)  
**3340A GREENS RD. SUITE 700**

6 City, state, and ZIP code  
**HOUSTON TEXAS 77032**

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 *How to get a TIN* 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.

Social security number

-

-

or

Employer identification number

2

6

-

4

5

7

8

7

7

3

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 ▶ *Sora Chang*

Date ▶ 08/07/2017

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](http://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.





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

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

**SERVICE DATE**  
**January 25, 2012**

**LICENSE**

**MC-770295-B**  
U.S. DOT No. 2265278  
EP AMERICA, INC  
SCHILLER PARK, IL

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.

Jeffrey L. Secrist, Chief  
Information Technology Operations Division

BPO





# Bond Rider to FMCSA Form BMC-84

Bond Serial No: 90361165  
Principal Name: EP AMERICA, INC  
Principal's MC or FF No: 770295

This rider makes the following changes, effective October 1, 2013, so that the FMCSA Form BMC-84 bond described above will conform to the September 26, 2013 revision of that form:

- 1. The bond shall reflect the following OMB number and expiration date: "OMB No.: 2126-0017 Expiration: 01/31/2014".
- 2. The title of the bond now reads:  
"Broker's or Freight Forwarder's Surety Bond under 49 U.S.C. 13906  
Form BMC-84"
- 3. This bond is for the following Filer FMCSA Account Number(s): 22010-00
- 4. In the first paragraph, the amount of the bond is \$100,000 , and the text ", for which payment," shall read "for a broker or forwarder, for which payment,".
- 5. In the second paragraph, the text "intends to become a Broker" shall now read "intends to become a Broker or Freight Forwarder".
- 6. In the third paragraph, the text "as a licensed Property Broker" shall now read "as either a licensed Broker or a licensed Freight Forwarder".
- 7. Paragraphs 6 and 7 shall be combined into one paragraph (new paragraph 6).
- 8. In the new paragraph 6, the text "on the prescribed Form BMC-36, Notice of Cancellation Motor Carrier and Broker Surety Bond." shall be inserted at the end of the second sentence after "said notice by the FMCSA".

This rider is executed and effective on October 1, 2013.

SURETY:  
AMERICAN ALTERNATIVE INSURANCE CORPORATION  
(A DELAWARE CORPORATION)  
555 COLLEGE ROAD EAST  
PRINCETON, NJ 08540-6616

Contact Address Requested by Surety:  
ROANOKE INSURANCE GROUP INC.  
Managing General Underwriters for  
AMERICAN ALTERNATIVE INSURANCE CORPORATION  
1475 E. WOODFIELD ROAD, SUITE 500  
SCHAUMBURG, IL 60173  
Phone: 847-969-1420

*Matthew L. Zehner*  
Matthew L. Zehner, Attorney-in-Fact



*Jennifer E. Rome*  
Jennifer E. Rome, Witness







CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/08/2017

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 Agent Alliance Services, LTD/ Brooks Insurance 320 Eagle Drive Suite 210  Denton TX 76201		CONTACT NAME: Swank Brooks PHONE (A/C, No, Ext): 281-760-3422 FAX (A/C, No): 800-577-1079 E-MAIL ADDRESS: swank.brooks@brooksinstd.com PRODUCER CUSTOMER ID #:	
INSURED  EP America Inc 3340 A Greens Rd Ste 700  Houston TX 77032		INSURER(S) AFFORDING COVERAGE INSURER A : Evanston Insurance Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:  
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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY			3AA151152	11/05/2017	11/05/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	ANY AUTO						
	ALL OWNED AUTOS						
	SCHEDULED AUTOS						
	HIRED AUTOS						
	NON-OWNED AUTOS						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DEDUCTIBLE						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	Y/N	N/A				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER	CANCELLATION
	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 

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