



Customer Onboarding

Onboarding documents to streamline our partnership



QUICK START GUIDE



Permits,
Safety Ratings,
& Certifications



Easy Remittance
Instructions



Contact
Information &
Support Team

Dear Valued Customer:

Welcome! We want to take this opportunity to thank you for your interest in Middle Bay and welcome you to our extended family! Here at Middle Bay, we are dedicated to providing you with hands-on and personalized experience that's tailored to suit your specific needs. We strive to offer you a seamless experience, from onboarding all the way through invoicing, and everything in between. We hope that you find our services, as well as our staff, unmatched in the industry.

Inside You'll Find:

- Leadership Team
- Network Locations
- Email Directory
- Credit Application
- Remittance/Payment Information
- Current W-9
- Hazardous Materials Certification
- Motor Carrier Authority Permit
- SCAC Code Documentation

Questions?

If any additional service should be needed, please reach out to us and we will be happy to assist you with your request.

We thank you for your continued business and look forward to growing our relationship.



P. 251.301.0548

E. CustomerOnboarding@middlebaytransportation.com

Meet Your Middle Bay Partners

LEADERSHIP TEAM

Michael Smith
President
msmith@middlebaytransportation.com

Rick Pound
Vice President
Rick.Pound@middlebaytransportation.com

Michael Rather
Controller
Michael.Rather@containerport.com

CORE VALUES



We are...
People Oriented
and operate in a
transparent, collaborative
environment



We are...
Family
and endeavor to do the
right thing by respecting
others and abiding by the
golden rule



We create...
Positive Energy
for our teams, families,
customers, and suppliers –
striving to develop lasting
relationships



We are...
Passionate
and professional



We are...
Creative
and focus on delivering
customer centric solutions

Network Locations

Atlanta, GA

atlanta@middlebaytransportation.com

Charlotte, NC

charlotte@middlebaytransportation.com

Charleston, SC

charleston@middlebaytransportation.com

Dallas, TX

dallas@middlebaytransportation.com

Memphis, TN

memphis@middlebaytransportation.com

Mobile, AL

mobile@middlebaytransportation.com

Norfolk, VA

norfolk@middlebaytransportation.com

Email Directory

WHO TO CONTACT

Statement requests, remittance details, invoice copies, disputes or adjustments

MBTcredit@middlebaytransportation.com

Permits, safety rating, COIs, contracts, credit applications, and customer support inquiries

CustomerOnboarding@middlebaytransportation.com

Credit card payments

CreditCards@middlebaytransportation.com



CREDIT APPLICATION - MIDDLE BAY

Headquarters:
2010-D West I-65 Service Rd. S.
Mobile, AL 36608

All information must be filled out in order to complete the credit process.

MBT USE ONLY

CUSTOMER #: _____ **DATE:** _____ **CITY:** _____ **CS CONTACT:** _____

HOW DID YOU HEAR ABOUT MIDDLE BAY?

REFERRAL PRINT AD TRADE SHOW ONLINE AD SOCIAL MEDIA WEBSITE CONFERENCE

TYPE OF TRANSPORTATION SERVICE TO BE PERFORMED: SPOT LIVE

NAME OF COMPANY REQUESTING CREDIT: _____

CREDIT AMOUNT REQUESTED: _____

DOCUMENTS REQUIRED WITH INVOICE

BILLING ADDRESS

Contact: _____

Address: _____

City/State/ZIP: _____

Phone#: _____

Accounts Payable E-mail: _____

- WORK ORDER ACCESSORIAL APPROVAL
- POD/BOL RATE CONFIRMATION
- SCALE TICKET CUSTOMS PAPERWORK
- INTERCHANGE IN/OUT DRIVER DETENTION

PREFERRED METHOD OF RECEIVING INVOICES:

USPS MAIL E-MAIL: _____ EDI (AVAILABLE UPON REQUEST) OTHER: _____

OWNERSHIP CORPORATION PARTNERSHIP INDIVIDUAL OTHER

Date on Which Company was Established _____

D&B D-U-N-S® Number _____

Name of Principal _____ **Address** _____ **Phone** _____

BANK _____ **Account Number** _____

Bank Address _____ **Bank Contact** _____

Bank Telephone _____ **Bank Fax** _____

TRADE REFERENCES (Minimum of 3 product-related references *must* be provided; NO STEAMSHIP LINES)

Company _____ **City/State** _____ **Phone** _____ **Fax** _____ **Contact** _____

Company _____ **City/State** _____ **Phone** _____ **Fax** _____ **Contact** _____

Company _____ **City/State** _____ **Phone** _____ **Fax** _____ **Contact** _____

Applicant certifies that all information on this form is correct. In consideration to extending credit, Customer agrees to make payment within **Net 30-day credit terms**. Please note failure to adhere to Net 30-day credit terms can result in loss of credit with Middle Bay Transportation. In the event transportation services are provided, Applicant agrees to accept responsibility for all accessorial charges.

*** Credit Application *must* be signed by a member of Company Management. ***

SIGNATURE _____

Date _____

Print Name _____

Title _____

Remittance Information



PAYMENTS BY MAIL

ALL REMITTANCES to Middle Bay Transportation should be mailed to our lockbox address.

Middle Bay Transportation
P.O. Box 745020
Atlanta, GA 30374



PAYMENTS BY ACH / WIRE TRANSFER

ALL REMITTANCES for ACH transfers or wire transfers to Middle Bay Transportation should be directed to our ABA and Account number. Send remittance information to: mbtcredit@middlebaytransportation.com

Payee: Middle Bay
Transportation
Bank Name: PNC Bank, N.A.
ABA#: 0312-07607
Account #: 8026398295
Swift Code: PNCCUS33



PAYMENTS BY CREDIT CARD

Middle Bay Transportation accepts VISA, MasterCard, AmEX, and Discover.

Please complete the "Credit Card Charge Request and Authorization Form" to utilize this payment option.

E: creditcards@middlebaytransportation.com

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <p>Middle Bay Transportation of Ohio, LLC</p> <p>2 Business name/disregarded entity name, if different from above</p> <p>Middle Bay Transportation</p> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate </p> <p> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should 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 FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <p>2010-D West I-65 Service Road</p> <p>6 City, state, and ZIP code</p> <p>Mobile, AL 36693</p> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (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.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									
8	2	-	3	8	9	8	4	2	9

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>[Handwritten Signature]</i>	Date ▶ 1-24-19
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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.

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-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, later.

**UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION
PIPELINE AND HAZARDOUS MATERIALS SAFETY ADMINISTRATION**



**HAZARDOUS MATERIALS
CERTIFICATE OF REGISTRATION
FOR REGISTRATION YEAR(S) 2019-2022**

Registrant: MIDDLE BAY TRANSPORTATION LLC

ATTN: Richard KOhrman
2010 D WEST I-65 SERVICE RD S.
MOBILE, AL 36608

This certifies that the registrant is registered with the U.S. Department of Transportation as required by 49 CFR Part 107, Subpart G.

This certificate is issued under the authority of 49 U.S.C. 5108. It is unlawful to alter or falsify this document.

Reg. No: 053119550071BD Effective: July 1, 2019 Expires: June 30, 2022

HM Company ID: 187287

Record Keeping Requirements for the Registration Program

The following must be maintained at the principal place of business for a period of three years from the date of issuance of this Certificate of Registration:

- (1) A copy of the registration statement filed with PHMSA; and
- (2) This Certificate of Registration

Each person subject to the registration requirement must furnish that person's Certificate of Registration (or a copy) and all other records and information pertaining to the information contained in the registration statement to an authorized representative or special agent of the U. S. Department of Transportation upon request.

Each motor carrier (private or for-hire) and each vessel operator subject to the registration requirement must keep a copy of the current Certificate of Registration or another document bearing the registration number identified as the "U.S. DOT Hazmat Reg. No." in each truck and truck tractor or vessel (trailers and semi-trailers not included) used to transport hazardous materials subject to the registration requirement. The Certificate of Registration or document bearing the registration number must be made available, upon request, to enforcement personnel.

For information, contact the Hazardous Materials Registration Manager, PHH-52, Pipeline and Hazardous Materials Safety Administration, U.S. Department of Transportation, 1200 New Jersey Avenue, SE, Washington, DC 20590, telephone (202) 366-4109.



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

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

SERVICE DATE
June 22, 2018

DECISION

MC-996608

MIDDLE BAY TRANSPORTATION OF OHIO, LLC
D/B/A MIDDLE BAY TRANSPORTATION BRISTOL TRANSPORTATION
MOBILE, AL

REENTITLED

MIDDLE BAY TRANSPORTATION OF OHIO, LLC
D/B/A MIDDLE BAY TRANSPORTATION

On June 13, 2018, applicant filed a request to have the Federal Motor Carrier Safety Administration's records changed to reflect a name change.

It is ordered:

The Federal Motor Carrier Safety Administration's records are amended to reflect the carrier's name as MIDDLE BAY TRANSPORTATION OF OHIO, LLC, D/B/A MIDDLE BAY TRANSPORTATION.

Within 30 days after this decision is served, the applicant must establish that it is in full compliance with the statute and the insurance regulations by having amended filings on prescribed FMCSA forms (BMC91 or 91X or 82 for bodily injury and property damage liability, BMC 34 or 83 for cargo liability, or a BMC 84 or 85 for broker security and BOC-3 for designation of agents upon whom process may be served) submitted on its behalf. Copies of Form MCS-90 or other "certificates of insurance" are not acceptable evidence of insurance compliance. Insurance and BOC-3 filings should be sent to Federal Motor Carrier Safety Administration, 1200 New Jersey Ave., S.E., Washington, DC 20590.

The applicant is notified that failure to comply with the terms of this decision shall result in revocation of its operating rights registration, effective 30 days from the service date of this decision.

To verify that the applicant is in full compliance, call (202)358-7000 or visit our web site at: <http://li-public.fmcsa.dot.gov>. Any other questions regarding the action taken should be directed to (202)366-9805.

Decided: June 19, 2018

By the Federal Motor Carrier Safety Administration

Jeffrey L. Secrist, Chief
Information Technology Operations Division
NC/A



May 17, 2019

FRED MARSICANO
MIDDLE BAY TRANSPORTATION
2100 D WEST I65 SERVICE ROAD S
MOBILE, AL 36693

CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) RENEWAL

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

MIDDLE BAY TRANSPORTATION
2100 D WEST I65 SERVICE ROAD S
MOBILE, AL 36693
MC-996608
US DOT-2944855

This Alpha Code will apply only to the company name shown above through June 30, 2020. 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 any issue with ACE and your SCAC, please contact CBP at the following address:

AMSSCAC@cbp.dhs.gov
Customs and Border Protection
Attention: SCAC Beauregard, Cube: A-105-3
1801 N. Beauregard Street
Alexandria, VA 20598-1350

If you would also like to participate in the Automated Export System (AES) program, please email AMSSCAC@cbp.dhs.gov and askaes@census.gov a request to enable your SCAC for AES.

All SCACs are automatically uploaded to ACE within 24 hours.

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 in connection with freight rates. For participation and membership information, please call (703) 838-1810.



251.301.0548



Customer Support: CustomerOnboarding@middlebaytransportation.com
Rate Quotes: Rates@middlebaytransportation.com



middlebaytransportation.com