

ROCK-IT CARGO USA LLC - VENDOR APPLICATION

VENDOR IDENTIFICATION									
VENDOR NAME:									
CORPORATION: <input type="checkbox"/>		PARTNERSHIP: <input type="checkbox"/>		SOLE PROPRIETORSHIP: <input type="checkbox"/>		LIMITED LIABILITY Co: <input type="checkbox"/>		STATE OF ORIGIN:	
STREET ADDRESS:						P.O. Box:			
CITY:			STATE:		ZIP:		COUNTRY:		
TELEPHONE:				FAX:					
TYPE OF BUSINESS:						NO. OF YEARS IN BUSINESS:			
NAME OF PREDECESSOR BUSINESSES:									
PERSON TO CONTACT REGARDING INVOICES:				PHONE:			EMAIL:		
FEDERAL TAX ID#:									
PARENT COMPANY:									
CITY:		STATE:		ZIP:		PHONE:		FAX:	
24-HOUR CONTACT:		TELEPHONE:				EMAIL:			
VENDOR WEBSITE:									
PERSON AUTHORIZED TO ACCEPT ROCK-IT CARGO PURCHASE ORDERS									
NAME:			TITLE:			PHONE:			
NAME:			TITLE:			PHONE:			
INFORMATION ON PRINCIPALS									
FOR PROPRIETORSHIP OR PARTNERSHIP: LIST ALL OWNERS AND/OR PARTNERS.									
FOR CORPORATION OR LIMITED LIABILITY COMPANY: LIST ALL OFFICERS, DIRECTORS, MEMBERS AND MAJORITY STOCKHOLDERS.									
NAME:				PHONE:				POSITION:	
								PRESIDENT	
HAVE ANY OF THE COMPANIES OR INDIVIDUALS LISTED ABOVE EVER BEEN A DEBTOR IN A BANKRUPTCY PROCEEDING?									
HAS ANY JUDGMENT EVER BEEN ENTERED AGAINST ANY OF THE COMPANIES OR INDIVIDUALS LISTED ABOVE ?									
ARE THERE LEGAL ACTIONS OR ARBITRATIONS PENDING AGAINST ANY OF THE COMPANIES OR INDIVIDUALS LISTED ABOVE?									
OPERATIONAL ISSUES									
								Yes	No
DO YOU OPERATE A 24/7 SERVICE?								<input type="checkbox"/>	<input type="checkbox"/>
DO YOU AGREE TO NOTIFY RICUSA BY PHONE & EMAIL WITHIN 60 MINUTES OF ANY CHANGE IN SCHEDULE FOR AN ACTIVE SHIPMENT?								<input type="checkbox"/>	<input type="checkbox"/>
DO YOU HAVE AN IN-HOUSE QUALITY ACCURANCE/QUALITY CONTROL PROGRAM?								<input type="checkbox"/>	<input type="checkbox"/>
ARE YOU FAMILIAR WITH TSA SECURITY ISSUES								<input type="checkbox"/>	<input type="checkbox"/>
IF YOU ARE A TRUCKING COMPANY:								<input type="checkbox"/>	<input type="checkbox"/>
- DO YOUR DRIVERS CARRY CELL PHONES?								<input type="checkbox"/>	<input type="checkbox"/>
- ARE YOUR TRUCKS LOCKED AND MONITORED BY GPS?								<input type="checkbox"/>	<input type="checkbox"/>
INSURANCE COVERAGE INFORMATION									
PLEASE ATTACH YOUR CERTIFICATE OF INSURANCE WHEN YOU RETURN THIS FORM TO ROCK-IT CARGO.									
PLEASE FILL OUT ONLY IF YOU ARE TENDERING FREIGHT TO THE AIRLINES									
IAC #:			Expiration Date:						
STA # ACQUIRED:		YES	NO:		IN PROCESS:				
PLEASE ATTACH YOUR TSA TRAINING RECORDS & STA NUMBERS WHEN YOU RETURN THIS FORM TO ROCK-IT CARGO.									

C-TPAT (CUSTOMS TRADE PARTNERSHIP AGAINST TERRORISM)

C-TPAT CERTIFIED:	YES:		NO:	
IF YES, PLEASE INCLUDE SVI NUMBER OR CERTIFICATE:				

THE UNDERSIGNED AGREES THAT ALL SERVICES RENDERED FOR ROCK-IT CARGO USA LLC (RIC) MUST BE INITIATED BY A RIC PURCHASE ORDER AND THAT ONLY INVOICES REFLECTING THIS PURCHASE ORDER WILL BE PAID, OTHERWISE SERIOUS DELAY IN PAYMENT TO THE UNDERSIGNED MAY RESULT. IN ADDITION, THE UNDERSIGNED ACKNOWLEDGES THAT THEY HAVE REVIEWED THE ABOVE INFORMATION AND TO THE BEST OF THEIR KNOWLEDGE THE ABOVE INFORMATION IS ACCURATE AND CORRECT.

OFFICER NAME:			
SIGNATURE:		DATE:	

AGREEMENT BY AUTHORIZED REPRESENTATIVE

Please fill in all blanks, sign, and hand-deliver, fax, or scan and email this page back to Sasha Goodman, IAC Security Coordinator, Rock-It Cargo USA LLC, at fax number 310-216-6213, sashag@rockitcargo.com.

By signing below, _____ ("Auth. Rep.") agrees, in exchange for remuneration incorporated in freight charges and/or other consideration paid to Auth. Rep. in connection with air cargo shipments IAC asks Auth. Rep. from time to time to service, to serve as an authorized representative of Rock-It Cargo USA LLC also doing business as "Sound Moves" and "Dietl International Services" ("IAC"); to adhere to and perform all air cargo security functions assigned by IAC through, and all restrictions and requirements contained in, the foregoing IAC Notification to Authorized Representative of Air Cargo Security Functions Under IACSSP Change 3, including TSA's Alternate Procedure AP-IACSSP-08-002 B (Feb. 25, 2009) if furnished to Auth. Rep. by IAC concurrently or subsequently ("Notification"), for all such shipments; and to ensure the same adherence and performance by any Auth. Rep. subcontractor. Auth. Rep. shall ensure that all of Auth. Rep.'s employees and all employees and other personnel of Auth. Rep.'s subcontractors (together, "Auth. Rep.'s and Subcontractors' Workers"), with a need to know familiarize themselves with all, but only, those portions of this Notification applicable to their individual responsibilities. Auth. Rep. shall ensure that only those authorized Auth. Rep.'s and Subcontractors' Workers who have successfully completed a Security Threat Assessment, or alternative TSA-approved security credential, under Section 1.3 of this Notification are given unescorted access to cargo and that it assigns the security functions, restrictions, and requirements in the foregoing Notification only to those authorized Auth. Rep.'s and Subcontractors' Workers who have been properly trained and tested under Section 9 of this Notification. Auth. Rep. recognizes that this Notification constitutes Sensitive Security Information and agrees to limit disclosure of this Notification and its contents in accordance with the restrictions in the TSA regulations set forth in 49 C.F.R. Part 1520.

Auth. Rep. understands that Auth. Rep.'s intentional or negligent failure to adhere to and perform any restriction or requirement set forth in this Notification may result in IAC's paying or otherwise incurring criminal fines, civil penalties, civil damages, and/or other forms of liability and relief, and related litigation expense. Auth. Rep. therefore agrees to indemnify IAC for any criminal fines, civil penalties, damages, other monetary relief, and attorneys' fees and other litigation expense that IAC pays or otherwise incurs arising out of or in connection with Auth. Rep.'s intentional or negligent failure to adhere to and perform any such restriction or requirement.

By: _____ <i>Signature of Primary Contact</i>	_____ <i>Date</i>
_____ <i>Primary Contact's First, Middle, Last Name (Printed)</i>	_____ <i>Auth. Rep's Street Address</i>
_____ <i>Title</i>	_____ <i>Auth. Rep.'s City, State, Zip Code</i>
_____ <i>Email address</i>	_____ <i>Location Where Cargo Accepted</i>
_____ <i>Telephone.</i> _____ <i>Fax</i>	_____ <i>Auth. Rep's Hours of Operation</i>
_____ <i>24-Hour Telephone</i>	_____ <i>Auth. Rep.'s Major Air Carrier Used -1</i>
_____ <i>Auth. Rep's Avg. No. of IAC Shipments per week</i>	_____ <i>Auth. Rep.'s Major Air Carrier Used -2</i>
_____ <i>Auth. Rep.'s Airport</i>	_____ <i>Auth. Rep.'s Major Air Carrier Used -3</i>
_____ <i>Auth. Rep.'s Major Air Carrier Used</i>	_____ <i>Auth. Rep.'s Major Air Carrier Used</i>

WARNING: This record contains Sensitive Security Information that is controlled under 49 C.F.R. Parts 15 and 1520. No part of this record may be released to persons without a "need to know," as defined in 49 C.F.R. Parts 15 and 1520, except with the written permission of the Administrator of the Transportation Security Administration or the Secretary of Transportation. Unauthorized release may result in civil penalty or other action. For U.S. government agencies, public disclosure is governed by 5 U.S.C. § 552 and 49 C.F.R. Parts 15 and 1520.

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.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
	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 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.

Social security number
or
Employer identification number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

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).

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 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

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.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,