

HUMMING TRANSPORT LLC

9162 Bur Oak Circle El Paso TX 79907

Office#: 915-312-0350

After Hours#: 915-247-8565



Electronic Payment Trading Partner Enrollment Form

Complete this form and send it to Habib Elgarrari : habib@hummingtransport.com
For Questions/Inquiries: Phone: 915-247-8565 Complete a separate signed enrollment form for each address to ensure proper remittance of your payments. Your Company Name; Your Financial Institution.

Carrier Information:

Carrier Name: _____

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Number: _____

Financial Person to Contact: _____ Telephone: _____

Email: _____

MC#: _____ USDOT#: _____

Truck#: _____ Trailer #: _____

VIN#: _____ VIN#: _____

Please Send Your Tractor-Trailer-W-9 and Cargo Insurance over Email

habib@hummingtransport.com



Direct Deposit Authorization

Summar Financial LLC is a leading provider of payment processing services to freight brokers and third party logistics providers nationwide. Once you complete, sign and return this authorization, freight payments scheduled with any of one of our partners will be sent via direct deposit FREE OF CHARGE. Unless you select a Quick Pay option on your rate agreement, you will receive payment on normal terms.

PLEASE FAX THIS AUTHORIZATION TO (305) 675-0241

Carrier Name:			
Address:			
City:	State:	Zip:	
Phone:	Fax:		
Contact Name:	Email:		
Bank Name:			
City:	State:	Zip:	
Phone:			
ABA Routing No:			
Account No:			

Certification and Acknowledgement:

I certify that the above named bank account is a business checking account, and authorize Summar to transfer funds into it on behalf of its partners. I hold Summar harmless for any occurrence relating to the transfer of funds, including delay or non-delivery. I authorize the bank to honor credits from Summar and debits payable to Summar as adjustments to any default, overpayment or error to or from the bank. These debits and credits may be done via Automated Clearinghouse ("ACH") or any other electronic clearinghouse or system. This authorization will remain in effect until revoked in writing to Summar.

Print Name	Title
Signature	Date

**ATTACH COPY OF VOIDED CHECK HERE
(REQUIRED)**



Payment Options

Billing Information	Required Paperwork
Summar Financial, LLC 2299 SW 27 th Ave Miami, FL 33145 Phone: 1-866-561-6497	Invoice Referencing Load Number Signed Rate Confirmation Signed Bills of Lading (BOL) Load/ Unload Receipts (Lumper) Any Other Accompanying Paperwork

Please indicate which of the following payment terms you would like to be set up with. Your selection will remain as your permanent payment term until we are notified in writing that you would like your term changed. If this form is not filled out, signed, and returned your payment terms will default to 30 days.

Fuel Advances:

_____ Yes - 50% with a fee of \$25 _____ No

Please select one of the following funding options:

_____ 1 Day - 3% - Service Charge will be deducted from the gross rate. Your payment will be processed within 24 hours from receiving the required paperwork.

_____ 30 Days - No Fees- Payment processed after 30 Days from receiving the required paperwork.

_____ Pay my Factoring Company. I factor with _____.

Issue Payment By:

_____ ACH Direct Deposit - I understand that by selecting the ACH Direct Deposit option that deposits will not be available until the next business day.

Company Name: _____ MC#/USDOT#: _____

Name: _____ Signature: _____

Title: _____ Date: _____

**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 Specific Instructions 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.)	
	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. ☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate ☐ 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. ☐ 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 ☐	
	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	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											
					-						

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 for Part II, later.

Sign Here	Signature of U.S. person	Date
------------------	--------------------------	------

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