



BEST BAY
LOGISTICS



MC: 937032 DOT: 2805162

SCAC CODE : BBYY

HEAD OFFICE :

13831 SLOVER AVE

FONTANA, CA 92337

TEL: 1(855) 779-2378

FAX:(323) 544-0726

E-MAIL: INFO@BESTBAYLOGISTICS.COM

MAILING ADDRESS:

13831 SLOVER AVE, FONTANA

CALIFORNIA 92337 TEL: 1(855) 779-2378

(FOR CHECKS)

PO BOX 511423

LOS ANGELES, CA 90051-7978

BILLING INQUIRES :

AR@BESTBAYLOGISTICS.COM

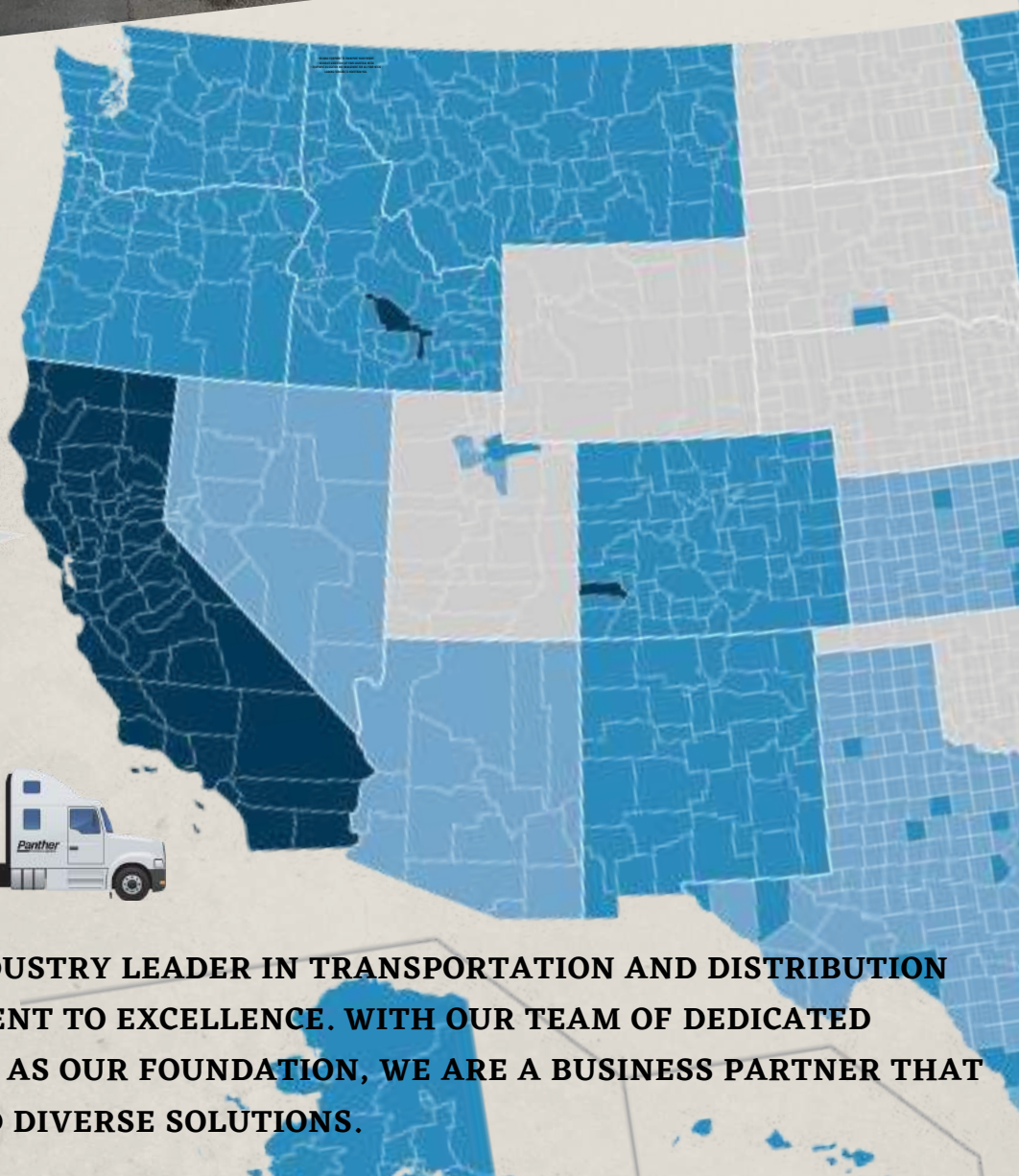
**WE DELIVER
ON TIME
ANY WHERE**





**BEST BAY
LOGISTICS**

**DRIVEN TO
DELIVER
CUSTOMER SATISFACTION**



OUR MISSION IS TO BE THE INDUSTRY LEADER IN TRANSPORTATION AND DISTRIBUTION SOLUTIONS WITH A COMMITMENT TO EXCELLENCE. WITH OUR TEAM OF DEDICATED EMPLOYEES AND CORE VALUES AS OUR FOUNDATION, WE ARE A BUSINESS PARTNER THAT DELIVERS SAFE, RELIABLE AND DIVERSE SOLUTIONS.

NOT ONLY LOADS, WE DELIVER PROMISES



CREDIT APPLICATION FORM

CREDIT APPLICATION

COMPANY NAME: _____	CREDIT CONTACT: _____
ADDRESS: _____	REMIT ADDRESS: _____
CITY: _____	CITY: _____
STATE/ZIP: _____	STATE/ZIP: _____
WEBSITE: _____	EMAIL: _____
PHONE: _____	PHONE: _____
FAX: _____	FAX: _____

COMPANY CREDIT DETAILS

OF EMPLOYEES: _____ D&N: _____ YEAR ESTABLISHED: _____
 FED TAX ID #: _____ D&N RATING: _____ COMPANY TYPE: _____
 WHAT ARE REQUIRED BILLING DOCUMENTS? _____

CORPORATE PRINCIPALS, PARTNERS, OWNERS

NAME: _____ TITLE: _____ OWNERSHIP %AGE: _____ ADDRESS: _____
 NAME: _____ TITLE: _____ OWNERSHIP %AGE: _____ ADDRESS: _____

OPEN ACCOUNTS TRADE REFERENCES

CREDITOR: _____ PHONE: _____ CONTACT: _____
 CREDITOR: _____ PHONE: _____ CONTACT: _____

BANK REFERENCE

BANK NAME: _____ PHONE: _____ CONTACT: _____
 BANK NAME: _____ PHONE: _____ CONTACT: _____

Unless otherwise agreed, Carrier's maximum liability for cargo loss or damage shall be \$2.50 per pound, subject to a \$100,000 truckload maximum. Carrier selected by Broker shall be named on the bill of Lading as the carrier of record. **BEST BAY LOGISTICS INC.** shall be shown as a third party bill to general principles of federal transportation law shall apply.

I certify that I am an authorized representative and fully charged with the ability to sign, agree to and Submit this application for credit. In addition, you authorize **BEST BAY LOGISTICS INC** to Make any and all inquires necessary to process this application. I understand that terms are 30 days upon receipt of invoice and that in the event that collection actions are necessary, the creditor reserves the right to designate the venue for any legal proceedings. I, hereby, also personally stand guarantee For the payments owe to **BEST BAY LOGISTICS INC** unpaid balances over 45days could be subject to interest charges. I hereby authorize the above references to provide desired account/ Credit information of our company, to our vendor **BEST BAY LOGISTICS INC**

NAME: _____ TITLE: _____
 SIGNATURE: _____ DATE: _____

Please provide copy of Driver's License and SSN _____ of Guarantor.

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.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

BEST BAY LOGISTICS INC

2 Business name/disregarded entity name, if different from above

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.

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: 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.

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.) See instructions.

Requester's name and address (optional)

13831 Slover Ave, Fontana

6 City, state, and ZIP code

California- 92337

7 List account number(s) here (optional)

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									
4	7	-	5	1	5	9	6	0	4

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

Date

02/01/2021

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-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, later.



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

FMCSA MC-RIS
1200 New Jersey Ave., S.E.
Washington, DC 20590

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

SERVICE DATE
November 26, 2018

LICENSE

MC-937032-B

U.S. DOT No. 2805162
BEST BAY LOGISTICS INC
LATHROP, CA

MC-937032-B
BEST BAY LOGISTICS INC
101 DARCY PARKWAY
LATHROP, CA 98529

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

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: 10125755
MC# and/or FF#: 937032

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, BEST BAY LOGISTICS INC
(Name of Broker or Freight Forwarder)
of 13831 SLOVER AVE FONTANA California 92337
(Street) (City) (State) (Zip)
as PRINCIPAL (hereinafter called Principal), and Hudson Insurance 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 Delaware (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 05th day of August, 2021, 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 05th day of August, 2021.

PRINCIPAL

BEST BAY LOGISTICS INC

COMPANY NAME

13831 SLOVER AVE

STREET ADDRESS

FONTANA

CITY

California

STATE

92337

ZIP CODE

(310) 492-3059

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

Hudson Insurance Company

COMPANY NAME

1035 Greenwood Boulevard, Suite 265

STREET ADDRESS

LAKE MARY

CITY

Florida

STATE

32746

ZIP CODE

(877) 514-5146

TELEPHONE NUMBER

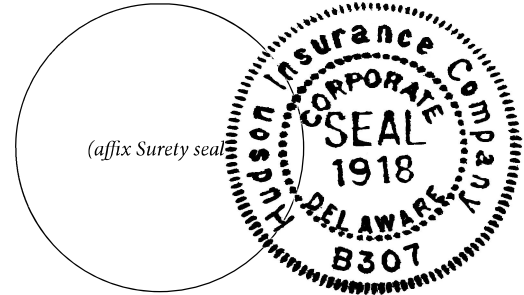
John D. Weisbrot , Attorney-in-Fact

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

(Principal officer's signature)

(type or print witness's name)

(witness's signature)



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

PROPERTY BROKER'S EXCESS SURETY UNDERTAKING

COPY

UNDERTAKING NO. 3272380 MC # 937032
UNDERLYING BOND NO. 3219691 CARRIER Great American Insurance Company

WHEREAS Best Bay Logistics Inc (the "Principal") is a duly licensed property broker, and in compliance with applicable statutes and regulations under Title 49 of the United States Code (collectively, "Title 49"). Principal has on file with the Federal Motor Carrier Safety Administration ("FMCSA") a Form BMC-84 "Broker Surety Bond Under 49 U.S.C. 13906" (the "Required Security");

WHEREAS Title 49 requires the Principal to have proof of the Required Security on file with the FMCSA in order to ensure financial responsibility in the amount of \$75,000 in the course of providing services as a Title 49 licensed property broker;

WHEREAS the Principal wishes to provide to its cargo shippers and motor carriers (collectively, "CSMC") financial responsibility in excess of the amount of the Required Security for services the Principal renders under its authority as a Title 49, licensed broker;

NOW THEREFORE, in consideration of payment of an agreed-upon premium and signed indemnity agreement, the receipt of which is a condition precedent to effect coverage under this Property Broker's Excess Surety Undertaking (the "Excess Surety Undertaking"), and upon the terms, conditions, and limitations set forth below, Great American Insurance Company (the "Surety") and Principal agree as follows:

I. COVERAGE

"Exhausted the Required Surety" means the CSMC(s) has received payment or a written promise of payment of all or a pro rata amount of the \$75,000 Required Security by its trustee, thereby exhausting the same, such that a deficiency remains toward the full satisfaction of the claim of the CSMC(s) against the Principal for services it renders under its authority as a Title 49 licensed broker.

The Surety, on behalf of the Principal, hereby agrees to provide payment to a CSMC or CSMCs, on a pro rata basis, if applicable, that have made a timely and valid claim under this Excess Surety Undertaking, in the manner set forth below, in an amount that is in excess over the amount of the Required Security, and up to and including the limit of \$25,000 of this Excess Surety Undertaking if, and only if (a) any CSMC(S) have Exhausted the Required Security, and (b) this original, signed Excess Surety Undertaking is effective subject shipment Date(s) that give rise to a claim hereunder as acknowledged by agents.

II. TERMS, CONDITIONS, AND LIMITATIONS

A. Except as otherwise provided herein, the protection afforded under this Excess Surety Undertaking is limited to eligible freight charges arising out of services the Principal has rendered as a Title 49 licensed broker, and this Excess Surety Bond is subject to and shall follow all of the terms, definitions, conditions, and limitations of the Required Security, and any applicable statutes, regulations, and/or rules.

As a condition precedent to the protection afforded under this Excess Surety Undertaking, the Principal shall timely pay all premiums due and maintain the Required Security.

All premiums are deemed fully earned by the Surety upon original signed Excess Surety Undertaking. In the event that the Principal makes a material misrepresentation or omission in the information that the Principal furnishes to the Surety in applying for this Excess Surety Undertaking, such material misrepresentation or omission shall render this Excess Surety Undertaking null and void from its inception.

"Termination" of this Excess Surety Undertaking means its cancellation or non-renewal by either party or upon receipt of written notice that the Principal failed to maintain the Required Security. The effective date of any given Termination shall be thirty days from the date on which the terminating party has given written notice of Termination to the other party (the "Effective Date of Termination"). Regardless of which party terminates the Excess Surety Bond, it shall be the Principal's sole responsibility to notify its CSMCs of Termination. But any Termination shall be effective irrespective of whether the Principal notifies its CSMCs of the same.

B. The CSMCs are the sole obligees under this Excess Surety Undertaking, and only they shall be entitled to exercise any rights hereunder. Third-party claims are prohibited. Payment of any claim hereunder by the Surety shall be directly to the claiming CSMC(s) of the Principal, but only following that to the CSMC(s) under the Required Security.

Within ninety (90) days of the date of a CSMC's invoice to the Principal or the date of delivery, whichever is earlier, and in no event later than ninety (90) days from the Effective Date of Termination of this Excess Surety Undertaking (the "Claims Cut-Off Date"), a CSMC must submit an "Excess Claim" by writing to the Surety at the address set forth below in paragraph "G."

The Surety shall make payment to a CSMC in the amount equal to the excess loss over the Required Security amount of \$75,000, subject to an aggregate limit of \$25,000, promptly after the occurrence of all the following events:

1. The CSMC(s) have Exhausted the Required Security;
2. The Surety's receipt of the CSMC's timely and completed Excess Claim on the required form; and
3. As part of the Excess Claim, the CSMC shall provide true and correct copies of the following documents: (a) proof that any

CSMC has Exhausted the Required Security; (b) the invoice(s) issued by the CSMC to the Principal; (c) the subject bills(s) of lading; (d) the subject rate confirmation form(s); (e) the subject cancelled check(s) or other proof of payment; and (f) copies of all documents arising out of or in any way connected with any claim, litigation, or arbitration between the CSMC and Principal that is connected in any way to the CSMC's Excess Claim, including, without limitation, copies of the applicable broker-carrier and/or broker-shipper agreements.

The Surety shall require an affidavit from the CSMC, in a form acceptable to the Surety in its sole discretion, that the copies of the above documents are true and correct. The Surety, at its sole discretion, may waive any of the aforementioned events without prejudice to any other term, condition, or limitation of this Excess Surety Bond.

C. A payment by the Surety under this Excess Surety Undertaking shall, to the extent of that payment, constitute a defense of the Surety against any duplicative claim made under this Excess Surety Undertaking by any person.

D. The Principal, or its successor by operation of law or regulation, shall promptly notify the Surety (i) of any condition of the Principal that it reasonably likely to result in the Surety's being required to make a payment under this Excess Surety Undertaking or (ii) any assertion against the Principal of any claim or threatened claim, suit, or proceeding of which the Principal has received notice and that is reasonably likely to result in the Surety's being required to make a payment under this Excess Surety Undertaking.

The Surety has no duty or obligation to assume control of the settlement or defense of any claims made or suits brought or proceedings instituted against the Principal. But the Surety shall have the right and be given the opportunity to associate with the Principal or its successor in interest in the defense and control of any claim, suit, or proceeding, where such claim, suit, or proceeding involves or appears reasonably likely to affect payment under this Excess Surety Undertaking, in which event the Principal and the Surety shall cooperate in all respects in the defense of such claim, suit, or proceeding.

E. The Surety shall be subrogated to the rights and claims of each CSMC to which the Surety shall make payment under this Excess Surety Undertaking, to the extent of the Surety's payment to the CSMC or for its account. Each CSMC to which the Surety shall be obligated to make payment shall, as a condition to the receipt thereof, execute an assignment of such rights and claims in favor of the Surety in a form acceptable to the Surety, and the CSMC shall agree, at the surety's expense, to cooperate with the Surety and exercise reasonable efforts to assist the Surety to recover such payment, together with all costs and expenses, including, without limitation, attorneys' fees, that the Surety incurs that arise out of or are in any way connected to the payment or the recovery.

F. The Principal agrees to submit for prior approval by the Surety any advertising or marketing by or on the Principal's behalf that references the Surety's name or coverage under this Excess Surety Undertaking.

G. This bond is effective March 6, 2020, and is continuous until cancelled.

H. The Surety may withdraw from this bond by giving 30 days written notice by certified mail to obligee, provided such withdrawal shall not release any liability existing hereunder at the time of the effective date of said withdrawal.

I. The parties shall give any notices to each other required by this Excess Surety Bond by U.S. mail, postage prepaid, to the following addresses:

Surety: Great American Insurance Company
Street Address: 301 E 4th Street
City, State ZIP: Cincinnati, OH 45202

Signed, sealed, and dated this 06th day of March, 2020.

Surety: Great American Insurance Company
By: [Signature]
Attorney-in-Fact: John D. Weisbrot

CORPORATE ADDRESS

13831 SLOVER AVE
FONTANA, CA 92337
TEL: 1(855) 779-2378
UNITED STATES

REMIT ADDRESS

FOR CHECKS & INVOICES
PO BOX 511423
LOS ANGELES, CA 90051-7978
UNITED STATES

PRESIDENT & CEO

RAJWINDER SINGH
PHONE: 1(855) 779-2378

SR. VICE PRESIDENT

PARAM SINGH
PHONE: 1(855) 779-2378

SR. ACCOUNTING MANAGER:

HONEY
PHONE: (323) 458-6796
EMAIL: HONEY@BESTBAYLOGISTICS.COM

CHIEF FINANCIAL OFFICER (CFO):

SUNIL JIT SINGH
PHONE: 1(855) 779-2378
EMAIL: SUNIL@BESTBAYLOGISTICS.COM

SAFETY COMPLIANCE MANAGER

IAN WILSON
PHONE: (916)-306-0012
EMAIL: IAN@BESTBAYLOGISTICS.COM

DIRECTOR OF BUSINESS DEVELOPMENT

JASKARAN SINGH GILL
PHONE: 1(855) 779-2378
EMAIL: JASKARAN@BESTBAYLOGISTICS.COM

BANK/PAYMENT INFO

BANK OF AMERICA
PO BOX 25118,
TAMPA, FL 33622-5118
ROUTING#/ABA#: 121000358
ACCOUNT#: 325113391488
PAYMENT TERMS: 30 DAYS
PAYMENTS OPTIONS: ACH WIRE & DIRECT DEPOSIT

INSURANCE INFO

INSURANCE & TRADE ADVISORY SOLUTIONS
SCHENKER, INC.
41 PINELAWN ROAD, STE. 110
MELVILLE, NY 11747 (USA)
PHONE: (516) 377-2644
EMAIL: LEORA.NUNAMACHER@DBSCHENKER.COM
GEN LIABILITY: \$2,000,000.00
AUTO LIABILITY: \$1,000,000.00
CARGO: \$250,000

CORPORATE NUMBERS/INFO

PHONE: 1(855) 779-2378
FAX: 1(323) 544-0726(MAIN)

AFTER HOURS DISPATCH
PHONE: 1(855) 779-2378
EMAIL: INFO@BESTBAYLOGISTICS.COM

MISC CORPORATE INFO

PRIVATELY OWNED COMPANY
WEBSITE: BESTBAYLOGISTICS.COM
BUSINESS HRS: 24 HOURS
YEAR IN SERVICE: 2015
CLASSIFICATION: C CORPORATION
CARRIER TYPE: FREIGHT/CARRIER/TRUCKLOAD
CARRIER OPTIONS: ASSET & BROKERAGE

BROKERAGE/LOGISTICS INFO

BROKERAGE DIVISION
BEST BAY LOGISTICS

VALUE OF SECURITY BOND - \$75,000.00
EXCEED BOND: \$25000.00

COMPANY INFO

MC#: 937032
DOT#: 2805162
SCAC CODE: BBYY
DOT RATING: SATISFACTORY (03-02-21)
CARRIER RATING: A