PFLS Vendor Information Sheet

Truck and emergency vendors

Precision Freight Logistics Solutions NV, Inc. dba PFLS, Inc.

Complete this form so PFLS can keep your company on our approved vendor list and emergency call list. We also keep this information ready for our insurance agency. This sheet is for truck vendors only, including mechanics, mobile repair, roadside, towing, tires, inspections, and uniforms or print. Please attach the documents listed at the end. Return the completed form and attachments to gio@pflsinc.com. Questions: 423.218.9878.

1. BUSINESS INFORMATION

Legal business name

DBA (if different)

Business type

☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Corporation ☐ Other

If other, describe

A completed Form W9 must be attached separately. Enter your EIN or SSN below.

EIN or SSN (for W9)

Owner or primary contact

Title

Phone

After hours or emergency phone

Email

Business address (street)

City

State

ZIP

☐ Same as business address

Mailing address (street)

City

State

ZIP

Service area

Hours of service (for example, Mon through Fri, 7:00 am to 6:00 pm)

Available 24 hours a day

☐ Yes ☐ No

Typical response time

2. SERVICES PROVIDED (CHECK ALL THAT APPLY)

☐ Mobile repair ☐ Roadside ☐ Towing ☐ Tires ☐ DOT annual inspections

☐ PM service ☐ Electrical ☐ ELD or camera install ☐ Uniforms and print ☐ Other

If other, describe

3. LICENSES, CERTIFICATIONS, AND BOND

State contractor or business license number

State

Clark County or city business license number

Mechanic certifications (check all that apply)

☐ ASE ☐ FMCSA qualified inspector per 49 CFR 396.19 ☐ Brake inspector per 49 CFR 396.25 ☐ Other

If other, describe

Bond company

Bond number

Bond amount

Please continue to page 2 for insurance, payment, references, attachments, and signature.

PFLS Vendor Information Sheet

Truck and emergency vendors

Precision Freight Logistics Solutions NV, Inc. dba PFLS, Inc.

4. INSURANCE

Vendors who handle PFLS trucks must carry insurance and provide a current certificate of insurance. Complete each line that applies to your work. Leave a line blank if it does not apply.

	Carrier	Policy number	Limits	Expiration
General liability				
Garagekeepers liability				
On hook or cargo (if towing)				
Commercial auto				
Workers compensation				

☐ Exempt from workers compensation (attach proof of exemption if you have it)

Insurance agent name

Agent phone

Agent email

Certificate of insurance request

☐ I will provide a certificate of insurance naming PFLS Inc. as the certificate holder.

☐ Please also name PFLS Inc. as an additional insured.

5. PAYMENT INFORMATION

Do not enter bank account numbers on this sheet. ACH details are collected separately through a secure process.

Remit to name

Remit to address

Payment terms (for example, Net 30)

Preferred method

☐ Check ☐ ACH ☐ Other

6. REFERENCES (OPTIONAL)

	Company	Phone
Reference 1 name		
Reference 2 name		

7. REQUIRED ATTACHMENTS

Check each item you are attaching, as it applies to your business.

☐ Form W9 ☐ Certificate of insurance ☐ Business license ☐ Bond certificate ☐ Mechanic certifications

8. CERTIFICATION AND SIGNATURE

I certify that the information on this form is true and complete to the best of my knowledge. I understand that PFLS may share this information with its insurance agency and may request updated certificates at any time. I agree to notify PFLS promptly if any license, bond, or insurance policy lapses, is canceled, or changes in a material way. I am authorized to sign for the vendor named above.

☐ I agree to the certification above.

Signature (sign or type)

Printed name

Title

Date

PFLS OFFICE USE ONLY

Date received

Reviewed by

Added to emergency call list ☐ Yes ☐ No

Insurance file complete ☐ Yes ☐ No