

### **Customer Engagement Agreement**

West Chester Permit, LLC (WCP) assists individuals, businesses, brokers, and motor carriers (Customers) with procurement of transportation permits from Governing Agencies as quickly as possible. Governing agencies may be, but not limited to, Federal Motor Carrier Safety Administration, state, province, county, city, local and private entities. Rules and regulations may include but is not limited to insurance, bonds, International Registration Plan, International Fuel Tax Agreement, weight distance taxes, highway use taxes, tolls, registered weights, hours of service, hours of travel, surveys, escorts, signage, lighting requirements, etc.

Permits can be ordered online, by phone, fax or email. In an ongoing effort to improve customer service, all telephone calls may be recorded. No matter which ordering method is used, WCP only reports information to Governing Agencies as requested and as it is given to WCP, and the Customer authorizes WCP to transmit information to Governing Agencies on the Customer's behalf.

Permit statuses can be checked 24/7 by logging into WCP's website at <a href="www.wcpermit.com">www.wcpermit.com</a> or by calling a Permit Specialist during operating hours.

Permit turnaround time, fees, provisions and conditions vary by governing body. WCP makes no guarantee on turnaround times, fees or that permits can even be obtained.

Issued permits may not be sent to Customers until WCP can ensure payment will be made for all applicable permit fees. Customers are encouraged to keep a valid Credit Card on file to ensure permits can be issued expeditiously. WCP may require pre-approval or pre-authorization of funds prior to acquiring permits with exceptionally high fees.

Governing agencies do not guarantee routes are safe for travel. WCP does not guarantee that routes are safe for travel. Governing agencies may not survey or analyze routes. WCP does not survey or analyze routes. Permits may not always list routes. State permits may not cover city streets and/or county roads. Customers are responsible for ensuring that routes are safe for movement, that they have all necessary permits, and that all rules, regulations and conditions are met. Routing is the responsibility of the Customer. Customer understands that Governing Agencies are not required to accept requested routing and may amend requested routes to issue a permit.

Customers must comply with all Governing Agency's rules and regulations. WCP is not responsible for fines, delays, claims, down time, lost revenue, etc. due to inaccurate information, Customers' violation of rules or requirements, delays or turnaround time from the Governing Agency issuing a permit, or any other circumstance within or beyond WCP's control. Motor Carriers are responsible for permit accuracy. Any issues with permits are to be reported directly to WCP to resolve prior to movement.

### **PAYMENT OPTIONS**

Payment must be received at the time of service. Invoices that are not paid by their due date are subject to a 1.5% per month late fee. Some payment options are:

- Escrow deposit (no minimum amount required)
- Credit card (4% processing fee + 1% facility fee applies)
- Comcheck, T-chek, TCH check, EFS (1% facility fee may apply)
- ACH (1% facility fee may apply)
- E-Check (1% facility fee may apply)

I hereby acknowledge that I have read the above "Customer Engagement Agreement" and that any representatives of my company or acting as part of my company will abide accordingly in order to do business with West Chester Permit.

| Company                 | DOT#          |  |
|-------------------------|---------------|--|
| Phone Number            | Email Address |  |
| Owner/Officer Signature | Date          |  |
| Printed Name            | Title         |  |

Email to: info@wcpermit.com Fax to: 513-755-5790



### **Credit Card Authorization Form**

There is a 5% processing fee for all credit card transactions.

| Credit Card Number:  |
|--|
| Iop portion will be destroyed after entering in our PCL compliant database.                              |
| Last 4 Digits of Credit Card:  |
| Expiration Date:   |
| Company Name:  |
| DOT #:   |
| Cardholder Name:   |
| Billing Address:   |
|  |
| Credit Card Type: Visa Mastercard AMEX   |
| Phone Number:  |
| Email Address:   |
|  |
| I understand that by signing this form, I am authorizing West Chester Permit to automatically charge     |
| the indicated credit card for future services provided. There is a 5% processing fee for all credit card |
| transactions. West Chester Permit may place a small preauthorization hold on this card to verify ac-     |
| count information. This charge will not resolve and will not show up on my statement.                    |
|  |
| Signed: Date:  |

Email to: info@wcpermit.com



## REQUEST FOR CERTIFICATE OF INSURANCE

It is the policy of West Chester Permit to retain updated insurance information for all of our customers that order permits, and that we will only process permit applications for customers with current and valid insurance information.

Please request that your Insurance Agent or Company add West Chester Permit as a certificate holder and send a generic, valid and current Certificate of Insurance. The certificate should be sent to accounting@wcpermit.com or 513-755-5790.

For your convenience, we can request the certificate directly from your Insurance Agent if you provide us their contact information:

| Agent's Name                                 |
|--|
|  |
| Agent's Phone #                              |
|  |
| Agent's Email                                |
|  |
| Please contact us if you have any questions. |

West Chester Permit Team PO Box 62293 Cincinnati, Ohio 45262 Phone: 513, 777, 2000

Phone: 513-777-3000 Fax: 513-755-5790

Thank you,

Email: info@wcpermit.com

# Y WEST CHESTER PERMIT

# Oversize/Overweight Permit Order Form

Email your completed order form or order online at atlas.wcpermit.com.

Toll Free: 800-734-3544 Email: info@wcpermit.com

|                 |          |               | Reg. Wgt.          |         |         |         | .0.         | ıgth:                    | Rear:            |        |         | 10        |          |             |            |           |          | rdered                        |           |        |           |        |           |        |           |        |  |
|-----------------|----------|---------------|--------------------|---------|---------|---------|-------------|--------------------------|------------------|--------|---------|-----------|----------|-------------|------------|-----------|----------|-------------------------------|-----------|--------|-----------|--------|-----------|--------|-----------|--------|--|
| Account #:      | ıe #:    | <b>:</b> #    | Axles              |         |         |         | Misc. Info. | Trailer King Pin Length: | Overhang: Front: |        |         | 6         |          |             |            |           |          | Destination for State Ordered |           |        |           |        |           |        |           |        |  |
| Acc             | Phone #: | Fax #:        | State              |         |         |         |             | Trailer k                | Overhan          |        |         | 8         |          |             |            |           |          | Destinatio                    |           |        |           |        |           |        |           |        |  |
|                 |          |               | License # & State  |         |         |         |             |                          |                  |        |         | 7         |          |             |            |           |          |                               |           |        |           |        |           |        |           | ń      |  |
|                 |          | FID or SS#:   |                    |         |         |         | Load Info   |                          |                  |        |         | 9         |          |             |            |           |          | Ordered                       |           |        |           |        |           |        |           |        |  |
|                 |          | FID           | Serial #           |         |         |         | Lo          | ion                      | #                |        | #       | 5         |          |             |            |           |          | Origin for State Ordered      |           |        |           |        |           |        |           |        |  |
|                 |          | USDOT#:       | V.I.N. or Serial # |         |         |         |             | Description              | Serial #         | Make   | Model # |           |          |             | _          |           |          | Ori                           |           |        |           |        |           |        |           |        |  |
|                 |          | OSD           |                    |         | _       |         | Trailer     |                          |                  |        |         | 4         |          |             |            |           |          |                               |           |        |           |        |           |        |           |        |  |
|                 |          |               | Year & Make        |         |         |         | Tractor     |                          |                  |        |         | 3         |          |             |            |           |          | Start Date                    |           |        |           |        |           |        |           |        |  |
|                 |          |               | Year               |         |         |         | Overall     |                          |                  |        |         | 2         |          |             |            |           |          |                               |           |        |           |        |           |        |           |        |  |
| e:              |          |               | Unit#              |         |         |         | Load        |                          |                  |        |         | 1         |          |             |            |           |          | State                         |           |        |           |        |           |        |           |        |  |
| Permittee Name: | Address: | Contact Name: | Vehicle            | Tractor | Trailer | Trailer | Size/Wgt.   | Height                   | Width            | Length | Weight  | Axle Info | Axle Wgt | Tire Rating | # of Tires | Tire Size | Spacings | State Info                    | Start/End | Routes | Start/End | Routes | Start/End | Routes | Start/End | Routes |  |



# APPLICATION TO OBTAIN IRP TRIP AND/OR IFTA FUEL PERMIT(S).

Fax to 513-755-5790 or email info@wcpermit.com

| Company Name:                   |            |                       |                   |
|---------------------------------|------------|-----------------------|-------------------|
| Doing Business As: (If applica  | ble):      |                       |                   |
| Street Address:                 |            |                       |                   |
| City:                           |            | State:                | Zip:              |
| Fed ID# or SS# (at least one is | required): |                       |                   |
| Contact Name:                   |            |                       |                   |
|                                 |            |                       |                   |
| Email:                          |            |                       |                   |
| MC#:                            |            | USDOT#:               |                   |
| Unit#:                          | Year:      | _Make:                | # Axles:          |
| Complete Vin# ( All 17 Digits   | ):         |                       |                   |
| License Plate #:                |            |                       | Base Plate State: |
| Empty Weight of Tractor:        |            | Gross Vehicle Weight: | Fuel Type:        |
| Tractor Owned or Leased?        |            | Driver Name:          |                   |
| States Needed:                  |            |                       |                   |
| Eff Date:                       | Eff Time:  | Need Trip Permit?     | Need Fuel Permit? |
| Insurance Co. Name:             |            | _Phone                | e #:              |
| Policy #:                       |            |                       | Exp. Date:        |
| Routes:                         |            |                       |                   |
| Commodity                       |            |                       |                   |

How did you hear about us?