



Welcome to the Humboldt Pacific Customer Family!

On behalf of the entire Humboldt Pacific, LLC team, we thank you for your confidence in our service and expertise and we welcome you aboard. Let me introduce myself; my name is James (Skip) Schipper and as the President and CEO, I will be your primary "operations" contact. It is my goal to ensure that we maintain an open line of communication between you and all members of our team.

Enclosed you will find your New Customer Packet containing:

- Welcome Letter
- New Customer Account Set-up Form
- Payment Terms and Conditions Agreement
- General Liability Certificate
- ACH Credit Authorization Form
- Corporate and licensing information

**INSTRUCTIONS:**

Please have an authorized agent:

1. Complete the New Customer Account Set-up Form, sign and date
2. Sign and date the Payment Terms and Conditions Agreement
3. Complete the ACH Authorization Form
4. Return executed documents by one of the following:

**Fax to:**

916.415.8275

**Scan and email to:**

admin@HumboldtPacific.com

**Mail to:**

Humboldt Pacific, LLC  
ATTN: Alexandra Schipper, Controller  
4318 Dudley Blvd,  
Bldg. 475 Bay G  
McClellan, CA 95652



**YOUR PRIMARY HPP TEAM CONTACTS:**

**James A. Schipper, President and CEO**

Praise or challenges -- he wants to hear from you!

T: 916.550.5006

C: 916.862.1022

E: [JSchipper@HumboldtPacific.com](mailto:JSchipper@HumboldtPacific.com)

**Alexandra Schipper, Controller**

Account related questions

T: 916.550.5006

E: [ASchipper@HumboldtPacific.com](mailto:ASchipper@HumboldtPacific.com)

**Patricia Castro, Office Administrator**

Insurance and general questions

T: 916.550.5006

E: [admin@humboldtpacific.com](mailto:admin@humboldtpacific.com)

**Lannie Johnson, Senior Dispatcher**

Dispatch and operations related questions

T: 916.550.5006

C: 916.205.1763

E: [Dispatch@HumboldtPacific.com](mailto:Dispatch@HumboldtPacific.com)

**Grace Schneider, Account Receivable**

Invoicing and Payments

T: 916.550.5006

E: [AR@HumboldtPacific.com](mailto:AR@HumboldtPacific.com)

Again, thank you and we look forward to assisting you in taking your business to the next level.

Best regards,

James Schipper  
President & CEO

Attachments: New Customer Packet



Good day!

We welcome you as a customer and want you to know that we are pleased that you have chosen Humboldt Pacific Petroleum, LLC, to transport your valuable goods. Our greatest strength is in our personal attention to each and every one of our customers. We're business partners, and we want our partners to be prosperous and happy.

At Humboldt Pacific Petroleum, we know that communication and on-time delivery is absolutely crucial for our customers' success. Couple a "can do" attitude and professional skills with the industry's latest equipment, and our team quickly overcomes unexpected daily obstacles, big and small. Our responsibility is to do our job right so that our customers can focus on their business and serving their customers. Bottom line ... the people that drive our company's machine are committed, and commitment turns problems into opportunities to better serve our customers.

Our business model tells the whole story:

Transport safely.  
Deliver On-time.  
Ready to Serve 24/7.

Our Controller, Alexandra Schipper, will be happy to answer any questions you may have regarding your account. She can be reached by calling 916.550.5006 or by email [admin@humboldtpacific.com](mailto:admin@humboldtpacific.com) .

Welcome to our family of customers.

Sincerely,

James A. Schipper  
President and CEO

Enc: New Customer Packet



## Payment Terms and Conditions Agreement

This Agreement is entered into on this (Day) \_\_\_\_\_ of (Month) \_\_\_\_\_, 20\_\_\_\_, by and between \_\_\_\_\_ ("Customer,"), a corporation organized in the state of (State,) \_\_\_\_\_ with its principle place of business located at (Street Address,) \_\_\_\_\_ (City,) \_\_\_\_\_ (State,) \_\_\_\_\_ (Zip code) \_\_\_\_\_, and Humboldt Pacific Petroleum, LLC ("Company"), a corporation organized in the state of California with its principle place of business located at 4318 Dudley Blvd, Bldg 475 Bay G, McClellan, CA 95536.

Customer indicates agreement by signing at the end of this Agreement. Company reserves the right to update or modify the Terms and Conditions of this Agreement at any time without prior notice.

All Customers are subject to credit approval. Upon credit approval, all charges are payable in US Dollars and are due upon receipt and no later than Net fifteen (15) calendar days from the date of invoice. Invoices are delivered to the Customer Accounting Department by electronic mail (email) on the same day of invoice generation.

**Automatic Clearing House Credit (ACH Credit):** ACH Credit payments are the preferred method of payment of invoices. Early Payment Discounts apply to ACH Credit payments only.

**Past Due Balances: 1.5% Per Month Up to 18% Per Annum Finance Charge:** Any payment which is past due, sixteen (16) calendar days or more from the date of invoice, shall be subject to an additional charge at the rate of one and one half (1.5%) percent per month and not to exceed eighteen (18%) percent per annum of the outstanding balance due per each invoice, or the highest rate of interest permitted by applicable law, whichever is less.

**Insufficient Funds:** For each payment returned as unpaid, Company reserves the right to charge Customer a returned item fee of thirty-five dollars (\$35.00) or the maximum amount allowed by law. If, after thirty (30) calendar days, the full invoiced amount plus the returned item fee has not been paid with good funds, Company shall charge the Customer the full invoiced amount and a returned item fee of thirty five (\$35.00) dollars and a statutory penalty of fifteen hundred (\$1,500.00) dollars. In addition to the charges for insufficient funds, any applicable finance charges on unpaid balances will be charged.



**Collection:** In the event the Company retains an attorney or collection agency to collect unpaid charges or for the enforcement of these Payment Terms and Conditions, all unpaid charges will be subject to a late payment penalty of one and one half (1.5%) percent per month and not to exceed eighteen (18%) percent per annum of the outstanding balance due per each invoice, and Customer shall also be liable for all attorneys and collection agency fees incurred, together with related costs and expenses.

**Overpayments:** Overpayments do not accrue interest and are subject to California State Law, including the California Unclaimed Property Act. Overpayments shall be applied to invoices for future services, if applicable.

**Quote and Invoice Adjustments:** The Company reserves the right to amend or adjust the original quoted amount or re-invoice the Customer if the original quoted amount was based upon incorrect information received at the time of the original quote, if additional services by the Company were required, or as otherwise necessary to perform the pick-up, transportation and delivery functions therein. Customer is permitted ten (10) calendar days from the date of the associated invoice to dispute any invoiced charges. If the Company does not receive a dispute within the allowable ten (10) calendar days, the disputed item will be denied by the Company.

**Customer Information Changes:** It is the Customer's responsibility to promptly notify Company of any changes in Customer's account, billing, and/or bank account information.

**Applicable Law and Venue:** This Agreement has been negotiated and executed in the state of California and shall be governed by and construed under the laws of the state of California. In the event of any legal action to enforce or interpret this Agreement, the sole and exclusive venue shall be a court of competent jurisdiction located in Humboldt County, California, and the parties hereto agree to and do hereby submit to the jurisdiction of such court, notwithstanding Code of Civil Procedure Section 394. Furthermore, the Parties specifically agree to waive any and all rights to request that an action be transferred for trial to another County.

**Waiver of Contractual Right:** The failure of either party to enforce any provision of this Agreement shall not be construed as a waiver or limitation of that party's right to subsequently enforce and compel strict compliance with every provision of this Agreement.

**Entire Understanding:** Customer warrants that the signer below is an authorized agent of its company and he/she has had the opportunity to review this entire Agreement. This Agreement constitutes the sole agreement between Company and Customer regarding the terms and conditions of payment for services. This Agreement becomes effective only when signed by both parties. Additionally, the parties agree that if any part, term, or provision of this Agreement shall be found unenforceable for any reason, (including but not limited to illegality or because of conflict with any valid controlling law) the validity of the remaining provisions shall not be affected thereby.



No alteration or variation of the terms of this Agreement shall be valid unless made in writing and signed by the parties; no oral understanding or agreement not incorporated herein shall be binding on either of the parties; and no exceptions, alternatives, substitutes or revisions are valid or binding on Company unless authorized by Company in writing.

By and For Customer:

By and For Company:

\_\_\_\_\_  
Authorized Agent Signature

\_\_\_\_\_  
President and CEO

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
James A. Schipper  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



## NEW CUSTOMER ACCOUNT SETUP INFORMATION

### BUSINESS AND CONTACT INFORMATION

Company Name:

Federal Tax I.D.#:

Accounts Payables First and Last Name:

Phone:                                      Fax:                                      E-mail:

Account Manager First and Last Name:

Phone:                                      Cell:                                      Fax:                                      E-mail:

Registered company address:

City:	State:	ZIP Code:
Date business commenced:		
Sole proprietorship:	Partnership:	Corporation:
Other:		

### BUSINESS, BANK AND ACH INFORMATION

Company mailing address:

City:	State:	ZIP Code:
Telephone:	Fax:	E-mail:
Bank name:	ABA/Routing #:	
Bank address:	Phone:	
City:	State:	ZIP Code:
Type of account	Account number	
Savings		
Checking		
Other		

### BUSINESS TRADE REFERENCES

Company name:

Address:

City:	State:	ZIP Code:
Phone:	Fax:	E-mail:

Type of account:

Company name:

Address:

City:	State:	ZIP Code:
Phone:	Fax:	E-mail:

Type of account:

### AGREEMENT

1. All invoices are to be paid fifteen (15) days from the date of the invoice as defined in Payment Terms and Conditions.
2. Claims arising from invoices must be made within ten (10) business days from date of invoice.
3. By submitting this application, you authorize Humboldt Pacific, LLC, to make inquiries into the banking and business/trade references that you have supplied.

### AUTHORIZED AGENT SIGNATURES

Title: Date:	Title: Date:
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HUMBO-1 OP ID: SB

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
10/23/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Dillon Risk Management 4180 Douglas Blvd., Suite 100 Granite Bay, CA 95746 Clinton Oliver		<b>CONTACT NAME:</b> Dillon Risk Management <b>PHONE (A/C No. Ext.):</b> 966-876-4193 <b>FAX (A/C No.):</b> 916-486-1851 <b>E-MAIL ADDRESS:</b> drm@dillonrisk.com	
<b>INSURED</b> Humboldt Pacific, LLC DBA Humboldt Pacific Petroleum 4318 Dudley Blvd, Bldg 475 #G McClellan, CA 95652		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : Arch Insurance Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	
		<b>NAIC #</b> 11150	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

PROD. LTR.	TYPE OF INSURANCE	PROD. NO.	SUBR. NO.	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			FBCAT0181904	09/01/2017	09/01/2018	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMPROP AGG	\$ 2,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> CA9948			FBCAT0181904	09/01/2017	09/01/2018	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> MC99						BOODLY INJURY (Per person)	\$
							BOODLY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTHER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Motor Truck Cargo			FBCAT0181904	09/01/2017	09/01/2018	Limit	100,000
							Ded.	2,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Proof of Insurance

<b>CERTIFICATE HOLDER</b>  Humboldt Pacific, LLC DBA Humboldt Pacific Petroleum 989 Milton Ave., Suite 2A Ferndale, CA 95536	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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