



# BEHIND THE SCENES WORLDWIDE LOGISTICS

4531 Sepulveda Blvd., Sherman Oaks, CA 91403  
Tel: 818-222-4007 | Fax: 818-222-4036 | Email: accounts@btsfreight.com

## CUSTOMER ACCOUNT & CREDIT APPLICATION

### CUSTOMER IDENTIFICATION

Company Name \_\_\_\_\_ DBA \_\_\_\_\_

Limited Liability Company  Corporation  Partnership  Sole Proprietorship / Individual

Date Established \_\_\_\_\_ Federal Tax ID \_\_\_\_\_ D&B # \_\_\_\_\_

Physical Address \_\_\_\_\_  
STREET CITY ST ZIP

Billing Address \_\_\_\_\_  
STREET CITY ST ZIP

Main Contact \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent Company \_\_\_\_\_ Parent Company Federal Tax ID \_\_\_\_\_

### PRINCIPALS / OWNERSHIP

Principal \_\_\_\_\_  
NAME TITLE TYPE OF OWNERSHIP

Principal \_\_\_\_\_  
NAME TITLE TYPE OF OWNERSHIP

### TRADE REFERENCES (Name 4 suppliers of major products and services)

Company Name \_\_\_\_\_ Company Name \_\_\_\_\_

City / State \_\_\_\_\_ City / State \_\_\_\_\_

Phone \_\_\_\_\_ A/C # \_\_\_\_\_ Phone \_\_\_\_\_ A/C # \_\_\_\_\_

Contact Person \_\_\_\_\_ Contact Person \_\_\_\_\_

Company Name \_\_\_\_\_ Company Name \_\_\_\_\_

City / State \_\_\_\_\_ City / State \_\_\_\_\_

Phone \_\_\_\_\_ A/C # \_\_\_\_\_ Phone \_\_\_\_\_ A/C # \_\_\_\_\_

Contact Person \_\_\_\_\_ Contact Person \_\_\_\_\_

---

## BANK REFERENCES

\_\_\_\_\_  
NAME ADDRESS

\_\_\_\_\_  
CONTACT APPROX BALANCE ACCT#

---

## TYPE OF CREDIT AGREEMENT

By signing below, customer agrees to Terms and Conditions: **Invoices are due upon receipt for first-time clients** until credit is established. Thereafter, payment terms default to Net 15 days from date of invoice. Outstanding balances are subject to 1.5% per month interest from the original due date.

Applicant agrees to pay any costs incurred to collect the account balance, including court costs, collection fees, and legal fees, up to and including 33% of the amount outstanding.

The undersigned authorizes and releases all bank, businesses, and persons identified on this application to furnish any and all information requested by Behind The Scenes Worldwide Logistics or its representatives by telephone or written correspondence.

\_\_\_\_\_  
NAME SIGNATURE

\_\_\_\_\_  
TITLE DATE

---

## TSA CONSENT TO SCREEN CARGO

The applicant agrees / intends to ship with Behind The Scenes Worldwide Logistics and understands that all goods being shipped are subject to screening.

I, the undersigned, understand and agree to all of the Terms and Conditions set forth herein:

\_\_\_\_\_  
NAME SIGNATURE

\_\_\_\_\_  
TITLE DATE

---

APPLICATION MUST BE SIGNED AGREEING TO THE RELEASE OF INFORMATION AND TO THE TERMS AND CONDITIONS. PLEASE FAX OR EMAIL THE COMPLETED APPLICATION TO:

**Fax:** 818-222-4036

**Email:** [accounts@btsfreight.com](mailto:accounts@btsfreight.com)



# BEHIND THE SCENES WORLDWIDE LOGISTICS

4531 Sepulveda Blvd., Sherman Oaks, CA 91403  
Tel: 818-222-4007 | Fax: 818-222-4036 | Email: info@btsfreight.com

## CREDIT CARD AUTHORIZATION FORM LIMITED POWER OF ATTORNEY

I AM AN EXISTING CLIENT OF BEHIND THE SCENES (BTS) WORLDWIDE LOGISTICS.

I HEREBY APPOINT THE OWNER, MANAGER AND ALL EMPLOYEES OF BTS WORLDWIDE LOGISTICS TO BE MY ATTORNEY-IN-FACT FOR THE PURPOSE OF SIGNING ANY DOCUMENTS NECESSARY TO PURCHASE TRANSPORTATION SERVICES AND TO CHARGE THESE PURCHASES TO MY CREDIT CARD BELOW.

**PLEASE NOTE:  
CREDIT CARD SERVICE FEES WILL BE ADDED TO AUTHORIZED AMOUNT ACCORDINGLY.**

CREDIT CARD TYPE:            VISA (3%)            MASTERCARD (3%)            AMERICAN EXPRESS (4%)

NAME ON ABOVE CARD: \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE (XX/XXXX): \_\_\_\_\_

CREDIT CARD BILLING ADDRESS: \_\_\_\_\_

SHIPMENT DELIVERY ADDRESS: \_\_\_\_\_

SPECIFIC SERVICE PURCHASED: \_\_\_\_\_

AMOUNT TO BE CHARGED: \_\_\_\_\_

**I AUTHORIZE BTS WORLDWIDE LOGISTICS TO DEBIT MY CREDIT CARD SHOWN ABOVE FOR THE PURCHASE OF THE TRANSPORTATION SERVICES WHENEVER ANY OF BTS WORLDWIDE LOGISTICS STAFF RECEIVES A TELEPHONE CALL, REASONABLY BELIEVED TO BE FROM MYSELF OR SOMEONE ACTING ON MY BEHALF, REQUESTING THAT THEY PROVIDE TRANSPORTATION SERVICES ON MY BEHALF AND CHARGE THOSE SERVICES TO THE CREDIT CARD ACCOUNT SHOWN.**

**I AGREE THAT I WILL PAY FOR ALL SUCH SERVICES AND WILL NOT HOLD BTS WORLDWIDE LOGISTICS RESPONSIBLE FOR ANY ACTIONS PURSUANT TO THIS LIMITED POWER OF ATTORNEY.**

**I HAVE READ AND UNDERSTOOD BTS WORLDWIDE LOGISTICS STANDARD TERMS AND CONDITIONS AND I AGREE THAT THESE ARE IN EFFECT FOR ANY SERVICES PROVIDED BY OR THROUGH BTS WORLDWIDE LOGISTICS.**

**I UNDERSTAND THAT BTS WORLDWIDE LOGISTICS WILL INCUR DIRECT COST BASED ON THIS ORDER AND I UNDERSTAND AND AGREE THAT THE CHARGES SHOWN HEREIN ARE NON-REFUNDABLE AND NON-REVERSIBLE.**

**\*\*ATTACHED TO THIS LIMITED POWER OF ATTORNEY, I AM ENCLOSING A CLEAR PHOTOCOPY OF BOTH THE FRONT AND BACK OF MY CREDIT CARD AND ONE PICTURE ID.**

SIGNATURE

CAPACITY

DATE



# BEHIND THE SCENES WORLDWIDE LOGISTICS

4531 Sepulveda Blvd., Sherman Oaks, CA 91403  
Tel: 818-222-4007 | Fax: 818-222-4036 | Email: info@btsfreight.com

## CUSTOMS BROKERAGE POWER OF ATTORNEY

(1) Select one:

- |                           |                     |                     |                     |
|---------------------------|---------------------|---------------------|---------------------|
| Corporation               | Individual          | Sole Proprietorship | Limited Partnership |
| Limited Liability Company | General Partnership | Non-Resident of USA |                     |

(2) Employer Identification Number: \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS: That, (3) \_\_\_\_\_ (hereinafter "Importer")  
 a corporation doing business under the laws of the State of (4) \_\_\_\_\_ or a (5) \_\_\_\_\_ doing business as  
 (6) \_\_\_\_\_ residing at or having a principle place of business at  
 (7) \_\_\_\_\_.

Hereby constitutes and appoints Nicole Bancalari CHB to act through any of its licensed officers or any other employee specifically authorized to act for such corporation by power of attorney filed with the District Director of Customs as a true and lawful agent and attorney of the grantor named above for and in the name, place, and stead of said grantor from this date and in all Customs Districts, and in no other name, to make, endorse, sign, declare, or swear to any entry, withdrawal, declaration, certificate, bill of lading, carnet or other document required by law or regulation in connection with the importation, transportation, or exportation of any merchandise shipped or consigned by or to said grantor; to perform any act or condition which may be required by law or regulation in connection with such merchandise; to receive any merchandise deliverable to said grantor;

To make endorsements on bills of lading conferring authority to transfer title, make entry or collect drawback, and to make, sign, declare, or swear to any statement, supplemental statement, schedule, supplemental schedule, certificate of delivery, certificate of manufacture, certificate of manufacture and delivery, abstract of manufacturing records, declaration of proprietor on drawback entry, declaration of exporter on drawback entry, or any other affidavit or document which may be required by law or regulation for drawback purposes, regardless of whether such bill of lading, sworn statement, schedule, certificate, abstract, declaration, or other affidavit or document is intended for filing in any Customs district;

To sign, seal, and deliver for and as the act of said grantor any bond required by law or regulation in connection with the entry or withdrawal of imported merchandise or merchandise exported with or without benefit of drawback, or in connection with the entry, clearance, lading, unloading or navigation of any vessel or other means of conveyance owned or operated by said grantor, and any and all bonds which may be voluntarily given and accepted under applicable laws and regulations, consignee's and owner's declarations provided for in section 485, Tariff Act of 1930, as amended, or affidavits in connection with the entry of merchandise;

To sign and swear to any document and to perform any act that may be necessary or required by law or regulation in connection with the entering, clearing, lading, unloading or operation of any vessel or other means of conveyance owned or operated by said grantor;

To issue Powers of Attorney on behalf of the grantor of this Power of Attorney to other customs house brokers to transact Customs business on behalf of the grantor; to receive, endorse and collect checks issued for Customs duty refunds in grantor's name drawn on the Treasurer of the United States; if the grantor is a nonresident of the United states, to accept service of process on behalf of the grantor;

And generally to transact at the customs houses in any district any and all customs business, including making, signing, and filling of protests under section 514 of the Tariff 1930, in which said grantor is or may be concerned or interested and which may properly be transacted or performed by an agent and attorney, giving to said agent and attorney full power and authority to do anything whatever requisite and necessary to be done in the premises as fully as said grantor could do if present and acting, hereby ratifying and confirming all that the said agent and attorney shall lawfully do by virtue of these presents; the foregoing power of attorney to remain in full force and effect until the (8) \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ or until notice of revocation in writing is duly given to and received by a District Director of Customs. If the donor of this power of attorney is a partnership, the said power shall in no case have any force or effect after the expiration of two years from the date of its execution. If the Grantor is a Limited Liability Company, the signatory certifies that he/she has full authority to execute this power of attorney on behalf of the Grantor.

In the execution of this document, it is expressly understood that payment to the grantee, if a broker, does not relieve the grantor of liability for Customs charges (duties, taxes, or other debts owed Customs) in the event the charges are not paid by the broker. Therefore, if payment is by check, Customs charges may be paid with a separate check payable to "US Customs and Border Protection", which shall be delivered to Customs by the broker.

IN WITNESS WHEREOF, the said (9) \_\_\_\_\_ has caused these presents to be sealed and signed:

Signature (10) \_\_\_\_\_

Date (12) \_\_\_\_\_

Capacity (11) \_\_\_\_\_

“Grantor waives the confidentiality requirements of section 111.24 of the Customs Regulations and the requirement of 111.24 of the Customs Regulations and the requirement of section 111.36 of the Customs Regulations that the customs section 111.36 of the Customs Regulations that the customs broker transmit a copy of its bill for service directly to the broker transmit a copy of its bill for service directly to the importer, and authorizes the customs broker to transmit its bill importer, and authorizes the customs broker to transmit its bill for services and copies of the customs entry documents and for services and copies of the customs entry documents and related documents through Grantor related documents through Grantor’s forwarder.”

## POA Instructions

1. Mark the appropriate box.
2. Indicate the Importer of Record's (IOR) Employer Identification Number (EIN), also known as the Federal Tax Identification Number. If the IOR is an individual, indicate the Social Security Number.
3. Indicate the legal name of the IOR. It must be the full legal name associated with the number listed in step two.
4. If the IOR is a corporation, list the state in which the IOR is doing business. Otherwise, leave blank.
5. If the IOR is not a corporation and a "Doing Business As" name exists, list that name. Otherwise, leave blank.
6. List the physical address of the IOR, including the address, city, state, and zip code. If a foreign IOR, also include the country. (Must be complete - no P.O. box.)
7. Indicate the date that the POA should expire. Date entered should be at least 30 business days from the date of execution. If not limited, it will be valid until revoked by written notification. A Partnership POA will automatically expire two years from the date of issue.
8. List the name of the IOR indicated in step three.
9. Signature of the authorized representative of the IOR. If the IOR is a corporation and the Corporate Certification is not completed, this step must be signed by the President, Vice President, Treasurer, Secretary, CEO, COO, or CFO. If the IOR is not a corporation, this step must be signed by a Partner, Member, Director, Owner, or the Individual.
10. Indicate the title of the signatory.
11. Indicate the date signed by the signatory.



# BEHIND THE SCENES WORLDWIDE LOGISTICS

4531 Sepulveda Blvd., Sherman Oaks, CA 91403  
Tel: 818-222-4007 | Fax: 818-222-4036 | Email: info@btsfreight.com

## POWER OF ATTORNEY FOR CARNETS

(for Freight Forwarders, Customs Brokers or other Third Parties to submit to Roanoke Trade)

### Top portion to be completed by the Holder

Know all men by these presents:

That \_\_\_\_\_  
Name of Corporation, Individual, Proprietorship, Partnership, or LLC giving P/A

a(n)  Corporation  Individual  Proprietorship  Partnership  Limited Liability Corporation,

(the "Grantor") does hereby appoint, Behind The Scenes Worldwide Logistics  
Name of Freight Forwarder, Customs Broker or other Third Party

its true and lawful Attorney(s)-In-Fact, with full power of substitution to execute on its behalf, electronically submitted and/or paper submitted applications to the U.S. Council for International Business, Carnet guarantees (surety bonds) in which the U.S. Council for International Business appears as obligee or undertakings and other documents of a similar character, issued in the course of its application for, and use of, Carnets, and to bind the Grantor hereby. This Power of Attorney for Carnets shall be effective unless and until revoked in writing delivered to said Attorney-In-fact.

In witness whereof, \_\_\_\_\_  
Name of Corporation, Individual, Proprietorship, Partnership or LLC giving P/A

has executed and attested these presents, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Date Month Year

by \_\_\_\_\_  
Signature (Officer, if Corporation)  
\_\_\_\_\_  
Printed Name  
\_\_\_\_\_  
Title

## SUBSTITUTION OF POWER OF ATTORNEY FOR CARNETS

The portion below is to be completed by the Forwarder, Customs Broker or other Third Party

Pursuant to authority granted in the above Power of Attorney for Carnets, the undersigned hereby appoints Roanoke Trade Services, Inc. to act on its behalf, with full power of substitution, as true and lawful Attorney-In-Fact for the above named Grantor, to hold all powers and authorities held by the undersigned as if said Roanoke Trade Services, Inc. was directly named in said Power of Attorney. This Power of Attorney for Carnets shall be effective unless and until revoked in writing delivered to said Attorney-In-fact.

In witness whereof, Behind The Scenes Worldwide Logistics  
Name of Freight Forwarder, Customs Broker or other Third Party

has executed these presents on \_\_\_\_\_  
Month, Day, Year

by \_\_\_\_\_  
Signature (Officer, if Corporation)  
\_\_\_\_\_  
Printed Name  
\_\_\_\_\_  
Title

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>CJ15 LLC</b>	
	2 Business name/disregarded entity name, if different from above <b>Behind The Scenes Worldwide Logistics</b>	
	3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> 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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.) <b>4531 Sepulveda Blvd</b>	Requester's name and address (optional)
	6 City, state, and ZIP code <b>Sherman Oaks, CA 91403</b>	
	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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>												
<b>or</b>												
<b>Employer identification number</b>												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">4</td> <td style="width: 20px; height: 20px; text-align: center;">7</td> <td style="width: 20px; height: 20px; text-align: center;">-</td> <td style="width: 20px; height: 20px; text-align: center;">4</td> <td style="width: 20px; height: 20px; text-align: center;">8</td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">4</td> <td style="width: 20px; height: 20px; text-align: center;">6</td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">8</td> </tr> </table>	4	7	-	4	8	2	4	6	2	8		
4	7	-	4	8	2	4	6	2	8			

**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 on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <u>1/10/17</u>
------------------	----------------------------	-----------------------

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

**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? on page 2.*

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.