



Sunteck Transport Group 2009 Customer Package

Dear Prospective Customer:

Thank you for your interest in becoming a customer of Sunteck Transport Group. We have assembled the attached Sunteck Customer Package containing a credit application that allows us to evaluate a potential customer's credit request and those documents that are traditionally requested and required by prospective customers as they approve us. Please contact your Sunteck representative if you require any additional documentation or submittals as part of your approval process of our company.

This Customer Package includes the following documents:

1. Sunteck Fact Sheet
 - a. Includes our federal tax identification number, DUNS #, all applicable operating authorities and insurance information, banking information, trade references, etc.
2. Sunteck Customer Credit Application – please print, complete, sign and return via fax
 - a. Our review and approval of you
3. Copy of Sunteck Operating Authority – Brokerage
4. Sample Copy of Liability Insurance
5. Sample Copy of Contingent Cargo Insurance

In addition, a copy of the Sunteck completed and signed IRS Form W-9 can be accessed on the Sunteck website (www.suntecktransportgroup.com) at:

<http://www.suntecktransportgroup.com/W9.pdf>



To quickly move the approval process along, we ask that you print, fill out completely, sign and fax the attached Customer Credit Application and Customer Billing Requirements back to your Sunteck agent.

Thank you! We look forward to working closely with you while building a strong working relationship. Above all, we ask you to communicate with us where we can improve and share with us your satisfaction when we are able to demonstrate exceptional service and expertise.

Yours Truly,

The Sunteck Transport Team



FACT SHEET

OPERATING AND FINANCIAL INFORMATION – Autolnfo, Inc.

2008 Revenue \$180,200,000
 D-U-N-S Number – Autolnfo, Inc. 09-889-6756
 Year Founded – Autolnfo, Inc. 1976
 Surety Trust Fund California Factors & Finance; Account 12545
 Company Type Corporation – Publicly Traded
 Insurance Greene-Hazel & Associates
 State of Incorporation Delaware, United States
 Corporate Offices Boca Raton, Florida
 Office Network **U.S.:** Alabama, Arizona, Arkansas, California, Florida, Georgia, Illinois, Indiana, Iowa, Maryland, Michigan, Minnesota, Mississippi, Montana, New York, North Carolina, Ohio, Oregon, South Carolina, Tennessee, Texas; **Canada:** Ontario, Quebec

Sunteck Transport Co., Inc.

Federal Tax Identification Number 65-0788578
 NAICS 488510 – Freight Transportation Arrangement
 Broker Authority MC – 329363
 SCAC Code SNKS

Sunteck Transport Carriers, Inc.

Federal Tax Identification Number 45-0484554
 NAICS 484120 – General Freight Trucking, Long Distance
 Contract Carrier Authority MC – 438912
 SCAC Code STKT
 DOT Number 1067244

SENIOR MANAGEMENT TEAM

President and Chief Executive Officer Harry Wachtel
 Chief Financial Officer William Wunderlich
 Chief Operating Officer Michael Williams
 Executive Vice President Mark Weiss
 Senior Vice President Rob Stephens
 Chief Information Officer David Less
 General Manager, Business Services John Cordle
 Vice President Distribution/Logistics Warren Cohen
 Director Corporate Marketing & Communications Russ Dixon

TRADE REFERENCES

Carrier	MC#	Contact Name	Telephone Fax
B&S Trucking	473713	Bob/Annette	(732) 886-3725 / (732) 886-3724
Commercial Shuttle	252733	Teresa Cone	(229) 439-7665 / (229) 420-0889
D&G Transportation	193805	Barb	(262) 345-3463 / (262) 251-3462
DRL Transportation	222746	Kim Garneau	(603) 893-4031 / (603) 870-5498

FINANCIAL INSTITUTIONS

For Depository Inquiries:
Regions Bank
 525 Okeechobee Blvd., Suite 700
 West Palm Beach, Florida 33401
 (561) 837-8217, Attn.: David Jackson

For Credit Inquiries:
Regions Business Capital
 191 Peachtree St. N.W., Suite 3800
 Atlanta, Georgia 30303
 (404) 221-4574, Attn: David Coody

**Sunteck Transport Group is a wholly-owned subsidiary of Autolnfo, Inc.
 Autolnfo, Inc. is a Publicly Traded Company. Trading Symbol: AUTO**

Customer Credit Application

Business Name: _____

Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____

Business Type: Corporation LLC Other _____

Date Started: _____ DUNS # _____ Fed ID # _____

President: _____ Controller: _____ AP Supervisor _____

I authorize (bank name): _____ To release account information re:

Account #	Contact	Phone	Fax

Address: _____ City/State/Zip: _____

Please list Credit References

Name	Address	Phone	Contact
1.			
2.			
3.			

Credit Limit Requested: _____

If credit is approved, Customer agrees to pay all invoices within thirty (30) days of invoice date and agrees to pay a late charge of 1½ % per month (18% annual rate) on all past due balances. Customer agrees that the payment of freight charges shall not be postponed or setoff due to alleged loss or damage to Customer's freight. In the event Sunteck is required to collect unpaid invoices, it shall be entitled to recover reasonable collections costs and attorney fees from Customer. Venue shall be in Palm Beach County, Florida and Customer consents to the court's jurisdiction and hereby waives objection. The undersigned consents to the release of its credit, banking, and financial history. Sunteck will provide original proof of delivery or a legible electronic or paper copy. An original POD shall not be a condition of payment. For additional information, see "Terms and Conditions of Service" at www.suntecktransportgroup.com.

Print Name Title Date

Officer / Authorized Signature

When complete, please return to your Sunteck office at the Fax # below and mail original to:

Sunteck Agent: _____

Agent Fax #: _____

Sunteck Transport Co., Inc.
6413 Congress Ave | Suite 260
Boca Raton, FL 33487 | (800) 759-7910

PM-25
(REV. 1/95)

SERVICE DATE
March 02, 1998

FEDERAL HIGHWAY ADMINISTRATION
LICENSE
MC 329363 B
SUNTECK TRANSPORT CO., INC.
BOCA RATON, FL. US

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). Applicant shall also render reasonably continuous and adequate service under this authority. Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

Thomas T. Vining
Chief, Licensing and Insurance Division

ACORDTM CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/27/2009

PRODUCER Phone: 7275361997 Fax: 8009387825
The Campbell Group of Florida
P O Box 1381
Largo FL 33779-1381

INSURED
Sunteck Transport Company Inc
6413 Congress Ave
Suite 260
Boca Raton FL 33487

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Travelers	14176
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
A	GENERAL LIABILITY <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	6606071L95A	8/26/2009	8/26/2010	EACH OCCURRENCE \$ 2000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 2000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMP/OP AGG \$ Included								
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$								
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WC STATU-TORY LIMITS	OTH-ER												
E.L. EACH ACCIDENT	\$												
E.L. DISEASE - EA EMPLOYEE	\$												
E.L. DISEASE - POLICY LIMIT	\$												
	OTHER												

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Brokerage Operations Only

CERTIFICATE HOLDER

Sunteck Transport Co., Inc.
6413 Congress Ave.
Suite 260
Boca Raton FL 33487

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Bernie Steffen

LLOYD'S

CERTIFICATE OF INSURANCE

Insured to Policy: Sunteck Transport Co., Inc.
6413 Congress Ave., Suite 260
Boca Raton, FL 33487

Customer No: 3554

Master Policy No: MC014950c **Issue Date:** 6/8/2009

Attachment Date: 10/1/2007

Type of Business: Transportation Broker

Master Policy Effective Date: June 1, 2009
Expiration Date: Continuous Until Cancelled
Policy Anniversary Date: June 1, 2010

Coverage: Contingent Motor Truck Cargo Liability

Limit: \$100,000.00

This Master Policy has been obtained by Registry Monitoring Insurance Services, Inc. for its members, secured by Roanoke Trade Services, Inc., the broker of record, and is underwritten by underwriters at Lloyd's.

This certificate is issued as a matter of evidencing insurance coverage provided under the Master Policy. The Certificate does not amend, extend or alter the coverage afforded by the policy described herein.

This is to certify that the policy of insurance described herein has been issued to the Insured named herein for the policy period indicated. Notwithstanding any requirement, term or conditions of any contract or other document with respect to which the Certificate may be issued or may pertain, the insurances afforded by the policy described herein is subject to all the terms, conditions and exclusions of such policy.

Should any of the policies described herein be cancelled before the expiration date thereof, the insurer affording coverage will endeavor to mail 30 days written notice to the insured named herein, but failure to mail such notice shall impose no obligation or liability of any kind upon the insurer affording coverage, its agents or representatives.

David P. Esqueda

Authorized Representative

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.	Name (as shown on your income tax return) SUNTECK TRANSPORT CO., INC.	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.) P.O. BOX 601123	Requester's name and address (optional)
	City, state, and ZIP code CHARLOTTE, NC 28260-1123	
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 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 chart on page 4 for guidelines on whose number to enter.

Social security number
: : : :
or
Employer identification number
65 : 0788578

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below).

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 4.

Sign Here	Signature of U.S. person	Date ▶ 12/08
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General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. 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.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,