Welcome to ODYSSEY LOGISTICS!

With a broad network of services, it is likely that you may already have an account within the Odyssey network. If that's the case, we will coordinate with any applicable affiliate Odyssey entity to make onboarding with the Integrated Marine Logistics (IML) division as seamless as possible.

For our Hawaii and Alaska trade lanes, we can move your cargo with only a signed contract and/or Rate Agreement.

For our international services where we are acting as a customs broker, we require a U.S. Customs Power of Attorney (POA). The POA must be signed by an officer of the company (i.e. President, Vice President, CEO, etc.). A copy of the front and back of the signer's driver's license or a copy of the signer's passport must be provided for the authorized individual that is signing the Power of Attorney.

The following items are required for customs clearance:

1. Commercial Documents for the shipment. These include but are not limited to; invoices, packing list, permits, certificates of origin, licenses.
2. Copy of the ocean bill of lading or original bill of lading if required.
3. Importer Security Filing (ISF) data at least 48 hours prior to loading on the vessel bound for the US. An ISF form and instructions are included in this packet.
4. Ensure Odyssey International Services Inc. is listed on the ocean bill of lading as a notify party so that arrival details are provided to us by the importing carrier.

To provide export services or services to Guam or Puerto Rico, the following items are required:

1. Shippers Letter of Instruction (SLI) or a Power of Attorney (POA). Please note the above requirements of an authorized individual's signature and photo ID for the POA apply.
2. Commercial Documents for the shipment. These include but are not limited to invoices, packing list, permits, certificates of origin, licenses.

You'll find all the information to set us up as a forwarder / carrier / customs broker in this packet including insurance, authorities, references and banking information.

Also included in this packet is an explanation of the Odyssey International Services, Inc. Terms and Conditions.

Please complete and return all applicable forms to us at your earliest convenience.

Please do not hesitate to reach out to us if you have any questions.

We look forward to a partnering with you for your logistics needs.

Sincerely,

Your Odyssey Team

Client Profile

Trade Lanes: ☐ Alaska ☐ Hawaii ☐ Guam ☐ Puerto Rico ☐ International

I. BUSINESS INFORMATION

Full Name of Organization _____ Federal Tax ID# _____

Physical Address _____ City _____ State _____ Zip _____

Billing Address _____ City _____ State _____ Zip _____

Main Line Phone _____ Website _____

Account Payable Contact _____ Email _____ Phone _____

Operational Contacts _____ Email _____ Phone _____

Operational Contacts _____ Email _____ Phone _____

Operational Contacts _____ Email _____ Phone _____

Operational Contacts _____ Email _____ Phone _____

II. SERVICE PROFILE

☐ Domestic Trucking	☐ Ocean Import	☐ Ocean Export	☐ Customs Clearance
☐ Air Freight	☐ Transload	☐ Sort/Seg	☐ Distribution
☐ Jones Act Ocean	☐ Hazmat	☐ Tank/Flexi Tank	

Other _____

Commodities _____

Billing Method *(backup documentation required)* _____

Other Requirements _____

_____

_____

_____

Odyssey Sales Person _____

Thank you for your business!

Odyssey International Services, Inc.

Cargo Coverage Profile

We at Odyssey International Services, Inc. and Global Container Line, Inc. (ODYSSEY) pride ourselves in providing our valued clients with experienced guidance for their supply chain needs. A complete listing of the ODYSSEY Terms and Conditions can be found at www.odysseylogistics.com/international/terms

Although no one likes to think about loss or damage to their goods in transit, claims can and do happen. Therefore, it is important to understand not only the risks associated with international shipments, but also the liability limitations that typically apply.

Below is a summary of the common legal liability limits upon which carriers frequently rely when making an offer to settle a cargo claim. It is important to realize that the amounts stated below are *not* cargo insurance, but rather are maximum liability limits for the carrier. In the absence of your own, independently purchased insurance, it must be proven that the underlying carrier was negligent, and that their negligence resulted in damage or loss. Many of the hazards which occur to goods may not be due to carrier's negligence and thus are excluded from legal liability settlement. Examples of these hazards are "Acts of God" (hurricane, typhoon, tornado, flood, or any other natural disaster) and "Acts of War" (riots, strikes, terrorism, piracy, and civil commotions). In addition, even where it can be proven that a carrier was negligent in causing the loss, the liability limits typically still apply.

- **International Ocean:** The Hague/COGSA Act (Carriage of Goods Sea Act) stipulates that a vessel owners' maximum liability is limited to $500.00 per shipping unit. A "shipping unit" may be defined as a container. Global Container Line, Inc as the licensed NVOCC division of Odyssey International Services, Inc follows the Hague/COGSA standard and limits our liability to $500.00 per shipping unit.

- **International Air:** The Warsaw Convention of 1929 stipulates that an international air carrier's liability can be limited to $9.07/lb. (or$20.00/kilo) of the cargo's gross weight, or to the Montreal Protocol IV, in which the limitation is expressed as special drawing rights (SDR)/kilo under which the exchange rate varies (generally, the value is roughly one SDR = 0.66/USD). ODYSSEY likewise limits our liability to the SDR/kilo calculation in effect the day of departure.

- **Domestic:** Carriers may base their legal liability limitations upon the value stated by the National Motor Freight Classification (NMFC Freight Class). In many cases however, the carriers limit their liability to $0.50/lb. for both ground and air cargo regardless of the NMFC class. ODYSSEY limits our liability to that of the underlying carrier. In ODYSSEY assets, our liability is limited to $5.00/lb.

- **Brokered:** Cargo which is brokered on behalf of a client is based upon the limits of liability as stated by the underlying carrier. ODYSSEY accepts no liability in brokered shipments. We will assist you with filing the claim with the underlying carrier, but the underlying carrier's limitations of liability apply.

- **Warehouse:** Under the Uniform Commercial Code, a warehouse is generally liable for loss or damage to goods caused by the warehouseman's failure to exercise the standard of care of a reasonably careful person. GLOBAL's warehouse liability limitation is the industry standard of the **lesser** of the following: (1) the actual cost to storer of replacing, or reproducing the lost, damaged, and/or destroyed goods together with transportation costs to warehouse, (2) the fair market value of the lost, damaged, and/or destroyed goods on the date storer is notified of loss, damage and/or destruction, (3) 50 times the monthly storage charge applicable to such lost, damaged and/or destroyed goods, or (4) $0.50 per pound for said lost, damaged, and/or destroyed goods.

Declared Value: Each ODYSSEY Bill of Lading provides you an opportunity to declare a value on the Bill of Lading. In doing so, you are increasing the dollar amount for which the carrier is liable. However, you are not altering the carrier's defenses against liability. As with legal liability, this higher settlement value will *only* be offered by the underlying carrier if that carrier is proven to be negligent.

In the Event of a Cargo Claim: ODYSSEY will assist you to gather appropriate documentation and we will file the claim with the carrier on your behalf. However, any compensation offered to you will be contingent upon the carrier's admission of fault and payment thereof. While the carrier's decision is pending, it is also important to realize that, by law, it is illegal for responsible parties on the BOL to withhold any portion of payment due to ODYSSEY on this transaction or any other transactions, pending the carrier's decision.

ODYSSEY Solution: We can arrange for your goods to travel on an insured basis internationally and domestically through our licensed insurance broker, as well as arrange for insurance to cover loss of, or damage to your goods stored in our warehouses. Should you choose to insure, your goods are covered door to door for cost, insurance, freight, duty (if applicable), plus 10%. In addition to the greater protection provided by insurance, your insurance claim is processed for settlement upon receipt of all necessary documentation *without* waiting for the underlying carrier(s) to admit negligence and with *no deductible.*

As always, ODYSSEY will partner with you to assist you with an informed choice. Should you have any questions after reading this summary, please feel free to give any one of our Account Executives a call and we will be happy to work with you to ensure that you are comfortable with your options and your decision.

==========

We have read the above information and understand that Legal Liability is subject to proof of negligence and limited liability.

☐ We request a quotation for insurance. Upon your acceptance of the quotation and receipt of the terms of the insurance policy, Odyssey International Services will arrange insurance for all shipments unless otherwise indicated.

☐ We decline insurance coverage unless specifically noted on a per shipment basis.

Signature: _____ (Print) _____ Title: _____

Company Name: (please print) _____ Date: _____

Thank you for your interest in Odyssey International Services!
Please email both Part I & Part II to: oisaccounting@odysseylogistics.com and cc your Odyssey Representative

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

Odyssey International Services, Inc.

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☑ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

5 Address (number, street, and apt. or suite no.). See instructions.

7400 45th St Ct E

6 City, state, and ZIP code

Fife, WA 98424

Requester's name and address (optional)

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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–		–				

or

Employer identification number

4	1	–	1	5	3	1	7	5	2

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); and
4. 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 for Part II, later.

Sign Here **Signature of U.S. person** *Jeannie Sargent* **Date** **07/11/2025**

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

CERTIFICATE OF LIABILITY INSURANCE

4/30/2027

DATE (MM/DD/YYYY)
4/28/2026

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 have ADDITIONAL INSURED provisions or 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).

PRODUCER Lockton Companies, LLC DBA Lockton Insurance Brokers, LLC in CA CA license #0F15767 1185 Avenue of the Americas, Ste. 2010 New York NY 10036 (646) 572-7300	**CONTACT NAME:** **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:**
INSURED 1540975 Odyssey International Services, Inc. f/k/a/ Global Transportation Services, Inc. 7400 45th St. CT E Fife, WA 98424	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** AIU Insurance Company — 19399 **INSURER B :** National Union Fire Ins Co Pitts. PA — 19445 **INSURER C :** TT Club Mutual Insurance Limited — 84975 **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 20515509 **REVISION NUMBER:** XXXXXXX

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE X OCCUR X SIR: $50,000 GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:	N	N	9952712	5/1/2026	5/1/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1,000,000 $ 1,000,000 $ 50,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
B	**AUTOMOBILE LIABILITY** X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY	N	N	9812747	5/1/2026	5/1/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 2,000,000 $ XXXXXXX $ XXXXXXX $ XXXXXXX $ XXXXXXX
	UMBRELLA LIAB OCCUR **EXCESS LIAB** CLAIMS-MADE DED RETENTION $			NOT APPLICABLE			EACH OCCURRENCE AGGREGATE $	$ XXXXXXX $ XXXXXXX $ XXXXXXX
A A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N: N / N/A **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	N	020396080 (AOS) 012320612 (WI)	5/1/2026 5/1/2026	5/1/2027 5/1/2027	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
B B C	MTC Warehouse&Cargo Legal Trailer Interchange	N	N	4577604 4577604 28772/2025/001	5/1/2026 5/1/2026 5/1/2025	5/1/2027 5/1/2027 4/30/2027	Limit: $1,000,000 Limit: $1,000,000 See attached	

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

$50K Self-Insured Retention applies to the above referenced General Liability policy; $950,000 each occurrence limit attaches at $50K for up to $1M in total each occurrence limit.

CERTIFICATE HOLDER

20515509
Evidence of Coverage

CANCELLATION See Attachment

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

POWER OF ATTORNEY COMPLETION INSTRUCTIONS

A valid Power of Attorney must be on file in our office before we can take any action regarding customs clearance of your goods or submit AES on your behalf for export shipments. Please complete the attached Power of Attorney (typed or legibly written in ink) as per the appropriate instructions below. We may agree to begin work upon receipt of a fax of your POA, but you will need to mail the original to us. Please follow the instructions(individual, dba, sole proprietorship, partnership, or corporation) very carefully. **Leave blank any space that is not listed in your category. *Do not use white-out* – if any changes or corrections must be made, draw a line through the incorrect information and write the correction. The person signing the POA must initial any changes.**

The line number of the instruction matches the line number of the POA form

Please insert your IRS Employer I.D. Number, Social Security Number or Customs Assigned Number in the box indicated.

INDIVIDUALS, DBA & SOLE PROPRIETORSHIPS

1. Show your full name
2. If authorized to do business under an assumed or fictitious name (DBA) insert that name – If no DBA is used leave blank
3. Insert State of residence
4. Insert residence address for the person signing line (9)
6. Insert business address if any – if business address is the same as residence address insert "same"
5. Insert "UNTIL REVOKED" or the revocation date
6. Same as (1) or if (4) is different than (1) insert the name shown line (4)
7. Usual signature of the person signing POA, type or print the signer's name
8. Title of person signing the POA
9. Date of execution

Witnesses are optional
Individual Certification is optional – may be completed in the presence of a Notary Public if you so choose

PARTNERSHIP ONLY

1. Business name of partnership – if applicable. List the full names of all the general partners – use an attachment if necessary
2. Insert partnership name if registered with the state to do business under the partnership name – if no, leave blank
3. State of registration.
4. Insert residence addresses for all of the general partners – use an attachment if necessary
   Insert business address
5. Insert "UNTIL REVOKED" or the revocation date – partnership POAs expire automatically in 2 years
6. Same as (2) if registered with the state to do business under the partnership name, otherwise same as (1)
7. Usual signature of partner (must be signed by at least one partner), type or print the signer's name
9. Insert "Partner"
10. Date of execution

Witnesses are optional
Partnership Certification is optional – may be completed in the presence of a Notary Public if you so choose.

CORPORATIONS ONLY

1. Full name of the corporation
2. If the corporation does business under an assumed or fictitious name (DBA) insert that name – if no DBA is used leave blank
3. State of incorporation (if foreign enter country)
4. Insert business address
5. Email address
6. Same as (1) or if (2) is different than (1) insert the name as shown on line (2)
7. Usual signature of person signing (must be signed by an officer of the corporation or "authorized individual"), type or print the signer's name
8. Corporate title of person signing
9. Date of execution

Witnesses are optional
Corporate certification is optional for U.S. corporations but is <u>required</u> for foreign corporations. If corporate certification is <u>NOT required</u> (unless it is being done due to your own choice)

DO NOT PROCEED BEYOND THIS POINT

15. Name of officer signing the certification (must be other than the one who signed the power of attorney)
16. Title of officer signing certification
17. Same as (1)
18. Same as (2)
19. Name of the person who signed line (9)
20. Title of the person who signed line (9)
21. Date the resolution was passed by the Board of Directors
22. Complete "In Witness Whereof" statement
23. Usual Signature of (15) followed by the date of execution

DBA

When should a DBA (doing business as) be used?

When the principal (named on line one) is authorized under state law to use a fictitious business or trade name to transact business.

LIMITED LIABILITY COPORATION (LLC)

LLC requirements vary from state to state. They can appear to be fairly simple partnerships or close corporations, but the specifics are entirely dependent upon individual states.

For that reason, additional documents are needed for LLCs. A copy of the articles of organization and bylaws should be provided, in order to confirm that the power of attorney is signed by an authorized member of the LLC.

Odyssey™
Odyssey International Services, Inc.

Odyssey International Services, Inc.

CUSTOMS POWER OF ATTORNEY/ DESIGNATION OF EXPORT FORWARDING AGENT AND ACKNOWLEDGEMENT OF TERMS & CONDITIONS

IMPORTER / EXPORTER EMPLOYER IDENTIFICATION NUMBER

		-									

OR **SUFFIX**

IMPORTER'S SOCIAL SECURITY NUMER

			-								

CUSTOMS ASSIGNED NUMBER

					-				

SELECT ONE

- ☐ INDIVIDUAL
- ☐ PARTNERSHIPS
- ☐ CORPORATION
- ☐ SOLE PROPRIETORSHIP
- ☐ LIMITED LIABILITY COPORATION

KNOW ALL PERSONS BY THESE PRESENTS: That (1)_____
(Full name of Individual, Partnership, Limited Partnership, Corporation, Sole Proprietorship, or Limited Liability Company) (Identity)
("Customer") doing business as a (2) _____ under the laws of the State of (3)____
(Individual, Partnership, Limited Partnership, Corporation, Sole Proprietorship, or Limited Liability Company)
residing or having a principal place of business at (4) _____ (physical address), receiving electronic communication at (5) _____ (email address), hereby constitutes and appoints Odyssey International Services, Inc., its officers, employees, and/or specifically authorized agents, to act for and on its behalf as a
(Grantee)
true and lawful agent and attorney of Customer for and in the name, place and stead of Customer, from this date, in the United States, at the appropriate Center and at all CBP ports either in writing, electronically, or by other authorized means, to:

1. Make, endorse, sign, declare, or swear to any customs entry, withdrawal, declaration, certificate, bill of lading, carnet or any other documents required by law or regulation in connection with the importation, exportation, transportation, of any merchandise in or through the customs territory, shipped or consigned by or to Customer;
2. Perform any act or condition, which may be required by law or regulation in connection with such merchandise deliverable to Customer; to receive any merchandise;
3. 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 or certificate required by law or regulation for drawback purposes, regardless of whether such document is intended for filing with Customs;
4. Sign, seal, and deliver for and as the act of Customer 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, 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 or statements in connection with the entry of merchandise;
5. Authorize other Customs Brokers duly licensed within the territory to act as Customer's agent;
6. to receive, endorse and collect checks issued for Customs duty refunds in Customer's name drawn on the Treasurer of the United States;
7. And generally to transact Customs business, including filing of claims or protests under section 514 of the Tariff Act of 1930, or pursuant to other laws of the territories, in which Customer is or may be concerned or interested and which may properly be transacted or performed by an agent and attorney;
8. 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 Customer 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, including the waiver of confidentiality requirements to conduct same;
9. sign or endorse export documents (i.e., commercial invoices, bill of lading, insurance certificates, drafts and any other document) necessary for the completion of an export on Customer's behalf as may be required under law and regulation in the territory;
10. to transmit export information electronically in reliance on the accuracy of the information provided by Customer, to endorse or counter-sign weight certifications or tickets provided by Customer or Customer's designee;
11. endorse or negotiate drafts or checks drawn to the order of the Customer or Customer's designee and to appoint forwarding agents on Customer's behalf;

This power of attorney to remain full force and effect until revocation in writing is duly given to and received by Grantee (if Customer is a partnership, the said power shall in no case have any force or effect in the United States after the expiration 2 years from the dates of its execution);

~Continued on Next Page ~

Customer acknowledges receipt of Odyssey International Services, Inc.'s Terms & Conditions of Service and agrees that all services provided by Grantee are governed by and subject to such Terms and Conditions.

The signatory certifies that 'he/she has full authority to execute this power on behalf of-Customer.

Customer hereby certifies that all statements and information obtained in the documentation provided to Grantee relating to exportation are true and correct. Further, Customer acknowledges that Grantee does not agree to act as the "exporter" for purposes of the U.S. Export Administration Regulations, or any other applicable laws and regulations, and that Grantee shall not be responsible for determining licensing requirements and obtaining licensing authority pursuant to applicable laws and regulations, unless specifically requested in signed writing by Customer and agreed to in signed writing by Grantee.

Sufficiency of any electronic or other signature below shall be construed according to the laws of the State of Washington.

IN WITNESS WHEREOF, the said (6) _____ has caused
(Full company name)

these presents to be sealed and signed: (Signature) (7)_____ (Printed Name)_____

(Capacity)(Title) (8) _____ Date:(9)_____

Witness:(if required) _____

If you are the importer of record, payment to the broker will not relieve you of liability for U.S. Customs charges (duties, taxes or other debts owedCustoms) in the event the charges are not paid by the broker. Therefore, if you pay by check, Customs charges may be paid with a separate check payableto the "U.S. Customs Service" which shall be delivered to Customs by the broker. Importers who wish to utilize this procedure must contact our office in advance to arrange timely receipt of duty checks,

INDIVIDUAL OR PARTNERSHIP CERTIFICATION

CITY_____

COUNTY_____

STATE _____

On this_____day of_____, 20_____, personally appeared before me .

residing at_____, personally known or sufficiently identified to me, who certifies that_____(is) (are) the individual (s) who executed the foregoing instrument and acknowledge it to be_____free act and deed.

_____

(Notary Public).

CORPORATE CERTIFICATION

(To be made by an officer of other than the one who executes the power of attorney)

I ,_____, certify that I am the_____of _____ , organized under the laws of the State of_____that _____, who signed this power of attorney on behalf of the donor, is-the _____ _____ of said corporation; and that said power of attorney was duly signed and attested for and in behalf of said corporation by authority of its governing body as the same appears in a resolution of the Board of· Directors passed at a regular meeting held on the _____ day of _____ , 20_____, now in my possession or custody. I further certify that the resolution is in accordance with the articles of incorporation and bylaws of said corporation and was executed in accordance with the laws of the State or Country of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal' of said corporation, at the City of_____ this_____day of_____, 20 _____

_____ _____

(Signature) (date)

Payment Options

Dear Valued Customer:

We provide several options for payment for your convenience. Please note that unless credit is established, all payment is due prior to release of freight.

Credit: If you'd like to apply for credit, please complete the information using the link below and we will provide a response within 48 hours of receipt: https://www.odysseylogistics.com/credit-application/

Checks:

27888 Network Place
Chicago, IL 60673-1278

Wires/Fund Transfers: Please remit your ACH (in CTX format) or EFT transactions as follows. Please kindly send your remittance to IMLremit@odysseylogistics.com so that we may apply your payment properly.

Bank Name: JPMorgan Chase Bank, N.A.
ABA/Routing Number: 325070760
Swift Code: CHASUS33
Location: Seattle, WA
Credit to the Account of: Odyssey International Services, Inc.
Account Number: 601826162

Credit Card: If you prefer to pay via credit card, please complete the Credit Card Authorization form included in this packet. We accept Visa and MasterCard. If you pay with a credit card, it will increase your cost by 3%.

Please feel free to contact one of our team members at HI_Credit@odysseylogistics.com should you have any questions.

Thank you for your business.

Regards,

Michelle Achondo CICP CBA
Director Credit & Collections
Odyssey Logistics

Credit Card Payment Authorization Form

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for ☐ single or ☐ ongoing transactions.

I _____ authorize Odyssey Logistics to charge my credit card account indicated below for _____. I agree to pay a 3% processing fee _____ for grand total charge _____on or after _____.

This payment is for invoice/lot: _____.

Billing Address:_____ Phone:_____

City, State, Zip _____Email: _____

Account Type: ☐ Visa ☐MasterCard

Cardholder name:_____

Account Number: _____Expiration:_____CCV#: _____

Email Address for receipt: _____

Signature: _____Date: _____

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company so long as the transaction corresponds to the terms indicated in this form. By providing this form I am aware I am providing my personal financial information at my own discretion.

Please email completed form to: HI_credit@odysseylogistics.com