

From:
To:
Date: 10/20/2020 10:23:31 AM
Subject: Go Delivery Express Services, Inc. Referral



Good Afternoon,

Thanks for your interest in OTR Capital! Attached below I have our official factoring proposal along with the benefits we offer. I also have an application attached. If you'd like to get started just complete the application and send it back along with a picture of the owners driver's license.

If you have any questions at all please reach back out, thanks!


Non-Recourse Program Details

Factoring Fee	3%
Invoice Advance Rate	100% minus the assessed factoring fee.
Cash Escrow Amount Held	No reserve or escrow is held on a non-recourse account.
Maximum Credit Limit	None
Days to Pay Before Chargeback	None
Required Monthly Minimum	None
Set Up Fee	None
Invoice Processing Fee	None
Next Day ACH Fee	Free
Fuel Advance	50% of line haul, 8 AM to 8 PM EST 7 days a week

The OTR Capital Advantage

- **Pick and choose what invoices you factor**
- No chargebacks or days to pay from the broker
- Flat Rate/ No Reserve
- Upload all invoices through online portal
- Get paid same day you deliver the load
- No monthly minimums, processing fees or per invoice fees
- Dedicated account manager for each client
- Largest collections team in the industry
- #1 Rated company in the industry: Facebook - [Client Reviews](#) Google - [Google Reviews](#)
- Tax deductible (straight to the bottom line)
- Line of credit through fuel cards
- National fuel/tire discounts

Best Regards,

 **Nick Garcia**
 Vice President of Sales
 P: 770.882.0124 ext. 2214 | E: nick.garcia@otrcapital.com



1000 Holcomb Woods Pkwy • BLDG 300, Suite 315-A
 Roswell, GA 30076

10/20/2020

**REQUIRED PAPERWORK**Driver's License | W-9 | COI
Articles of Incorporation | MC/DOT Certificate**COMPANY PROFILE INFORMATION**

FULL LEGAL NAME OF BUSINESS		PHONE NUMBER	EMAIL	DATE ESTABLISHED
STREET ADDRESS		CITY	STATE	ZIP
MAILING ADDRESS		CITY	STATE	ZIP
COUNTY LOCATION	STATE OF INCORPORATION/LLC		<input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC <input type="checkbox"/> INDIVIDUAL	
FEDERAL I.D. NUMBER		ARE YOU ELD COMPLIANT? <input type="checkbox"/> YES <input type="checkbox"/> NO WHO IS YOUR ELD PROVIDER? _____		

EQUIPMENT INFORMATION

MC #	US DOT #	# POWER UNITS OWNED	# OWNER OPERATORS
# EQUIPMENT TYPE USED (CHECK ALL THAT APPLY)			
HOTSHOT: Length _____	<input type="checkbox"/> DRY VAN <input type="checkbox"/> REEFER	FLATBED: Length _____	<input type="checkbox"/> WEDGE TRAILER <input type="checkbox"/> CONTESTOGA <input type="checkbox"/> DRAYAGE
	<input type="checkbox"/> STRAIGHT TRUCK <input type="checkbox"/> POWER		<input type="checkbox"/> RGN <input type="checkbox"/> STEPDECK <input type="checkbox"/> OTHER

PRIMARY CONTACT INFORMATION

NAME	EMAIL	PHONE NUMBER
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OWNERSHIP INFORMATION

OFFICER/PARTNER NAME/S	% OWNERSHIP	TITLE/S		
HOME ADDRESS	CITY	STATE	ZIP	HOME PHONE

ACCOUNTS RECEIVABLE INFORMATION

A/R OUTSTANDING (\$)	AVE. INVOICES PER MONTH	AVE. INVOICES AMOUNT (\$)	PROJECTED MONTHLY FACTORING VOLUME (\$)
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CURRENT FACTOR COMPANY	CONTRACT (Y/N)	BUY OUT AMOUNT TO DATE
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I/We hereby apply for the credit described in this application on behalf of the applicant business. I/We certify that I/we made no misrepresentation in this application or in any related documents, that all information is true and complete, and that I/we did not omit any important information. I/We agree that any property securing the credit will not be used for any illegal purpose. OTR Capital ("OTR") is authorized to verify with other parties and to make any investigation of my/our credit, either directly or through any agency employed by OTR for that purpose. OTR may disclose to any other interested parties information as to OTR's experience or transactions with my/our account. I/We understand that OTR will retain this application and any other credit information OTR receives, even if no credit is granted. By signing this form, I hereby submit to the exclusive jurisdiction of and venue in the state courts located in Fulton County, Georgia.

AUTHORIZATION SIGNATURES OF EACH OWNER

SIGNATURE	PRINTED NAME	TITLE	DATE
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SIGNATURE	PRINTED NAME	TITLE	DATE
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MOST COMMON BROKERS / SHIPPERS USED OR THAT YOU INTEND TO USE

1.	2.	3.
4.	5.	6.

WERE YOU REFERRED? IF SO, BY WHOM?	Go Delivery Express Services, Inc dba GoDelEx	838650	352-857-5396
NAME	MC #	PHONE NUMBER	

THANKS,
NICK GARCIA
 NICK.GARCIA@OTRCAPITAL.COM

PHONE: 770.882.0124 EXT. 2214
 FAX: 770.200.1655