

MC:1814266
DOT:4563613
Owner: Roger Manis
Phone: 706-413-8407
Email: dispatch@apextranslog.com



Driven by service. Powered by trust.

At Apex Transportation Logistics LLC, we bring decades of transportation and logistics experience to every load we handle.

Our owner has been in the industry for more than 65 years. He and his wife previously owned Scott Logistics Corp, which they successfully sold to FLS in 2019. Shortly afterward, he founded Manco Logistics Corp, which he successfully built and then sold in 2025.

Today, our team collectively brings more than 50 years of industry experience to Apex.

We understand that our customers are our success. That's why we believe strong, lasting relationships are built on communication, trust, reliability, and doing what's right.

When you choose to work with Apex Transportation Logistics LLC, you're working with a team that understands the transportation industry from the ground up. We know the challenges customers face, we value your time, and we believe in treating you the way we would want to be treated. Whatever the challenge, we'll work with you to find the right solution.

Our commitment is simple: **Communicate. Follow through. Do what's right.**

If you choose Apex, we'll always do our best to earn your trust and be the kind of logistics team you want to work with again and again.

What to Expect:

- Effective communication
- Efficient teamwork
- Competitive rates
- Strong relationships



Customer Package

COMPANY INFORMATION

LEGAL NAME Apex Transportation Logistics LLC	PHONE (706) 413-8407
MC NUMBER 1814266	DOT NUMBER 4563613
TAX ID 41-4993630	Email: Credit@Apextranslog.com

ADDRESS INFORMATION

CORPORATE ADDRESS 701 Broad ST STE 200 Rome, GA 30161	MAILING ADDRESS P.O. Box 8 Rome, GA 30162
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Please complete the customer profile and agreement on the following page and email application to Credit@Apextranslog.com

Customer Profile

Customer Name: _____

Physical Address: _____

Mailing Address: _____

Toll Free: _____ Office/Local# _____

Fax# _____ D&B# _____ FEIN# _____

AP Contact: _____ Telephone/Ext _____

AP Email: _____

Email for Invoices: _____

Specific Invoice Requirements: _____

Customer Specific Web Portal URL's: _____

Type of Business: (Check One) Corporation _____ LLC _____ Partnership _____ Sole Prop _____ Other _____

Year Business Established: _____ Year Incorporated: _____ Number of Employees: _____

Owner(s): _____

Agreement

In consideration of Apex Transportation Logistics extension of credit to Customer and other good and valuable consideration, Customer agrees that: (a) Customer will issue payment for Apex's invoices within thirty (30) days of Apex's invoice; (b) accounts which are thirty-one (31) days old will be delinquent and subject to review of credit privilege and shall bear interest of one and one-half percent (1½ %) monthly; (c) if collection is made by lawsuit or otherwise, Customer agrees to pay all of Apex's collection costs including reasonable attorney's fees; (d) Customer waives and relinquishes any right to set-off Customer's claims (if any) against amounts due Apex; (e) copies of this Agreement, whether in the form of facsimiles, scanned documents, or otherwise, shall be duplicate originals and shall be of the same legal force and effect as original documents; and (f) this Agreement will be governed by the laws of the State of Georgia and Customer irrevocably agrees that any lawsuit pertaining to this Agreement or any suit for collection of moneys owed by Customer to Apex shall only be filed in Magistrate Court or the Superior Court of Floyd County, Georgia. Customer submits itself/himself/herself to the personal jurisdiction of such Courts and irrevocably waives any right to assert that venue is not appropriate.

Read and Agreed this _____ of _____

2026 Customer

Name: _____

Signature _____

Authorized Employee _____

Name and Title printed

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/15/2026

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 Brown & Brown Insurance Services, Inc. 300 North Beach Street Daytona Beach FL 32114		CONTACT NAME: Lauren Dowdy PHONE (A/C, No, Ext): (706) 291-4000 E-MAIL ADDRESS: lauren.dowdy@bbrown.com FAX (A/C, No):	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Houston Casualty	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 26/27 MASTER

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. LIMITS SHOWN ARE INCLUSIVE OF AMOUNTS REQUESTED BY THE CERTIFICATE HOLDER AND MAY NOT REFLECT POLICY LIMIT AMOUNTS IN EXCESS OF THOSE REQUESTED. *Not Applicable in WY

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:	Y	Y	V000125-496	05/27/2026	05/27/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ - MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☒ FreightBroker ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY	Y	Y	V000125-496	05/27/2026	05/27/2027	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Third Party Legal Liability \$ \$2,000,000
	UMBRELLA LIAB ☐ EXCESS LIAB ☐ DED ☐ RETENTION \$ ☐ OCCUR ☐ CLAIMS-MADE						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N ☐ N / A						PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Freight Broker			V000125-496	05/27/2026	05/27/2027	Professional \$1,000,000 Contingent Cargo \$250,000 Cargo Liability \$1,000,000

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

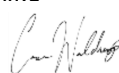
General Liability & Auto- Blanket Additional Insured, Blanket Wavier of Subrogation, Primary & Non Contributory

CERTIFICATE HOLDER

CANCELLATION

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



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.) Apex Transportation Logistics, LLC	
	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) S 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) _____	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.)
	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 ☐	
	5 Address (number, street, and apt. or suite no.). See instructions. 701 Broad Street Ste 200	Requester's name and address (optional)
6 City, state, and ZIP code Rome, GA 30161		
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	-	4	9	9	3	6	3	0

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 for Part II, later.

Sign Here	Signature of U.S. person <i>Roger Manis</i>	Date <i>5/26/2026</i>
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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

FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION
ACCEPTANCE REPORT

USER ID:	USR6813
TRANSMISSION NUMBER:	WEB10424
TRANSMITTED ON:	04/27/2026 17:17:46
COMPANY NAME:	NATIONWIDE MUTUAL INSURANCE COMP
SUBMITTEND BY:	NATIONWIDE MUTUAL INSURANCE COMP (03670-00)

Docket	Form/Type	Policy Number	Effective Date	Action
MC-1814266	BMC-84/SURETY	7901317395	04/21/2026	ACCEPTED

Values in FMCSA Licensing & Insurance Database.

Legal Name:	APEX TRANSPORTATION LOGISTICS LLC
DBA Name:	
Address:	701 BROAD ST STE 200
	ROME GA US 30161
	PO BOX 1210 STE 301
	ROME GA US 30162

91X Coverage(Type/Max/Underlying):



CERTIFICATE OF ASSIGNMENT

For Standard Carrier Alpha Code® (SCAC™)

SCAC	AZJH
Assigned Date	Friday, 01 May 2026
Assigned To	APEX TRANSPORTATION LOGISTICS LLC 701 BROAD ST STE 200 ROME, GA USA 30161 USDOT # 4563613 MC # 1814266
Company Contact	ROGER MANIS
Expiration Date	Saturday, 01 May 2027



SCAC Assignment

This SCAC only applies to the company name shown above through the expiration date. Renewal notices are sent approximately three months prior to expiration of this SCAC. A successful renewal must be made prior to the expiration date to ensure its continued validity. For easy renewal, go to <https://scaccode.com>.

As of 01 May 2026, the safety record for APEX TRANSPORTATION LOGISTICS LLC confirmed identification, as retrieved from the Federal Motor Carrier Safety Administration (FMCSA) Company Snapshot website at <https://safer.fmcsa.dot.gov/CompanySnapshot.aspx>¹.

To update the company name, address, or contact information affiliated with this SCAC, please fill out and submit your request to NMFTA customer service at <https://nmfta.org/support>.

To update the authority numbers affiliated with this SCAC, please first contact the U.S. Department of Transportation, and then fill out and submit your update request to NMFTA customer service at <https://nmfta.org/support>.

Refer to our Terms of Sale at <https://nmfta.org/terms-of-sale> for additional information regarding our policies governing the handling and administration of a SCAC.

SCACs Ending in "U"

SCACs ending with the letter "U" are reserved for the identification of freight containers. If your SCAC ends with the letter "U", it should only be used for this purpose. A non-U ending SCAC should be obtained to satisfy other requirements such as company identification for Customs, Electronic Data Interchange, freight payments, etc.

U.S. Customs and Border Protection (CBP) Automated Commercial Environment (ACE) Program Participants

If you participate in the Customs & Border Protection (CBP) ACE program, all SCACs are automatically uploaded to ACE/AES within 24 hours. If you are having issues with your code after 48 hours, please send an email along with a copy of the NMFTA SCAC letter to AMSSCAC@cbp.dhs.gov and askaes@census.gov for review. Additional information on CBP's automated programs can be found at: <https://www.cbp.gov/trade/automated/getting-started>.

National Motor Freight Classification (NMFC) Participation and NMFTA Membership

A SCAC assignment is not related to participation in the National Motor Freight Classification (NMFC), and it does not allow for the use of the NMFC in connection with freight rates. In addition, a SCAC assignment does not grant membership in the National Motor Freight Traffic Association, Inc. For assistance, please contact NMFTA Customer Service at (866) 411-6632.

Ownership of SCACs

NMFTA develops and maintains the Directory of SCACs and owns the entire copyright interest in the SCAC database.

¹Federal Motor Carrier Safety Administration (FMCSA). 2026. Company Snapshot for APEX TRANSPORTATION LOGISTICS LLC. Retrieved from <https://safer.fmcsa.dot.gov/CompanySnapshot.aspx>.