



COMPANY PROFILE SHEET

COMPANY INFORMATION:

Remittance Address: 575 Iowa Ave
Riverside, CA 92507

OFFICE: 951-684-3444 | FAX: 951-684-3443

MC NUMBER: 753919

DOT NUMBER: 2170424

FEDERAL EIN: 26-4019092

SCAC CODE: PENB

DISPATCH INFORMATION:

DISPATCH: MICHELLE OLIVAREZ

OFFICE: 951-684-3444

CELL: 951-858-0328

EMAIL: DISPATCH@PLATINUM-ENTERPRISES.COM

CORPORATE OFFICE INFORMATION

PRESIDENT: VICTOR TOMAS

VICTOR@PLATINUM-ENTERPRISES.COM

PAYABLES: MICHELLE OLIVAREZ

MICHELLE@PLATINUM-ENTERPRISES.COM

RECEIVABLES: JODY TOMAS

JODY@PLATINUM-ENTERPRISES.COM

HR/DRIVER SAFETY: TAMMY MARTIN

TAMMY@PLATINUM-ENTERPRISES.COM

VENDOR INVOICES EMAIL TO:

PAYABLES@PLATINUM-ENTERPRISES.COM

EQUIPMENT:

POWER UNITS: 9

LANDOLLS: 6

RGNs: 2

ROLLBACKS: 1

4 AXLE ROLLBACK: 1

STAKEBED: 1

DUALY: 2 (USED FOR TOWABLE UNITS/ GENERATORS/ EQUIPMENT TRAILERS)



REFERENCES:

HERC EQUIPMENT CORPORATION

P.O.C. ZACK PEARLMAN

714.381.6446

UNITED RENTALS INC

C/O TRANSPORTATION INSIGHT

PO BOX 23000

HICKORY, NC 28603-0230

828-485-5000

SUNBELT RENTALS

PO BOX 8001

STERLING HEIGHTS, MI 48311

PH.# 800.745.8292

QUINN POWER

800 E. LA CADENA DR.

RIVERSIDE, CA 92507

POC JASON WONDOLLCK

PH.# 951.683.5960

Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. VICCO INC	
	2 Business name/disregarded entity name, if different from above PLATINUM ENTERPRISES	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its 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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
5 Address (number, street, and apt. or suite no.) See instructions. 575 IOWA AVE		Requester's name and address (optional)
6 City, state, and ZIP code RIVERSIDE, CA 92507		
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. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
[] [] [] - [] [] - [] [] [] []	
or	
Employer identification number	
2 6 - 4 0 1 9 0 9 2	

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>J. Olivariz</i>	Date ▶ 10/21/2022
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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.

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-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, later.



May 09, 2022

VICTOR TOMAS
PLATINUM ENTERPRISES
575 IOWA AVE
RIVERSIDE, CA 92507

CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) RENEWAL

The Standard Carrier Alpha Code of **PENB** has been renewed for:

PLATINUM ENTERPRISES
575 IOWA AVE
RIVERSIDE, CA 92507
MC-753919
US DOT-2170424

This Alpha Code will apply only to the company name shown above through June 30, 2023. Approximately two months prior to expiration of this SCAC, NMFTA will provide a renewal notice which must be promptly returned together with payment to ensure its continued validity. Should the company name, address or contact information need an update, please notify the National Motor Freight Association, Inc. at customerservice@nmfta.org.

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

If you participate in the Customs & Border Protection (CBP) ACE program and you have an issue with using your SCAC with ACE, please contact CBP at the following email address: AMSSCAC@cbp.dhs.gov. All SCACs are automatically uploaded to ACE within 24 hours. To participate in the Automated Export System (AES) program, please email AMSSCAC@cbp.dhs.gov and askaes@census.gov a request, along with a copy of the NMFTA SCAC letter, to enable your SCAC for AES. Additional information on CBP's automated programs can be found at: <https://www.cbp.gov/trade/automated/getting-started>.

NOTICE: Renewal of the above listed SCAC is unrelated to participation in the National Motor Freight Classification (NMFC). Further, it does not confer membership in the National Motor Freight Traffic Association, Inc. nor allow use of the NMFC in connection with freight rates. For participation and membership information, please call (703) 838-1810.



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U.S. Department of Transportation
Federal Motor Carrier Safety Administration

1200 New Jersey Ave., S.E.
Washington, DC 20590

SERVICE DATE
January 17, 2013

DECISION
MC-753919
VICTOR TOMAS
D/B/A PLATINUM ENTERPRISES
RIVERSIDE, CA
REENTITLED
VICCO INC
D/B/A PLATINUM ENTERPRISES

On January 4, 2013, applicant filed a request to have the Federal Motor Carrier Safety Administration's records changed to reflect a name change.

It is ordered:

The Federal Motor Carrier Safety Administration's records are amended to reflect the carrier's name as VICCO INC, D/B/A PLATINUM ENTERPRISES.

Within 30 days after this decision is served, the applicant must establish that it is in full compliance with the statute and the insurance regulations by having amended filings on prescribed FMCSA forms (BMC91 or 91X or 82 for bodily injury and property damage liability, BMC 34 or 83 for cargo liability, or a BMC 84 or 85 for broker security and BOC-3 for designation of agents upon whom process may be served) submitted on its behalf. Copies of Form MCS-90 or other "certificates of insurance" are not acceptable evidence of insurance compliance. Insurance and BOC-3 filings should be sent to Federal Motor Carrier Safety Administration, 1200 New Jersey Ave., S.E., Washington, DC 20590.

The applicant is notified that failure to comply with the terms of this decision shall result in revocation of its operating rights registration, effective 30 days from the service date of this decision.

To verify that the applicant is in full compliance, call (202)358-7000 or visit our web site at: <http://li-public.fmcsa.dot.gov>. Any other questions regarding the action taken should be directed to (202)366-9805.

Decided: January 14, 2013
By the Federal Motor Carrier Safety Administration

Jeffrey L. Secrist, Chief
Information Technology Operations Division
NCA

NEW CUSTOMER BILLING PROFILE

MAIN/CORPORATE OFFICE INFORMATION:	
COMPANY NAME:	
BILLING ADDRESS:	
PHONE NUMBER:	
FAX NUMBER:	
ADMIN CONTACT:	
ACCOUNTING CONTACT:	
FEDERAL EIN #:	

BILLING INFO/REQUIREMENTS:	
HOW WOULD YOU LIKE INVOICES SENT?	
IF EMAILED PLEASE PROVIDE EMAIL:	
DO YOU REQUIRE A PO #?	
ANY REQUIREMENTS ON INVOICES:	
ANY SPECIAL INSTRUCTIONS:	

BANK REFERENCE:	
FINANCIAL INSTITUTION NAME:	
PHONE NUMBER:	
ACCOUNT NUMBER:	
CONTACT NAME:	
TRADE REFERENCES (2 MUST BE MOTOR CARRIERS)	
REFERENCE #1 (CONTACT NAME/CO. NAME/PHONE NUMBER)	
REFERENCE #2 (CONTACT NAME/CO. NAME/PHONE NUMBER)	
REFERENCE #3 (CONTACT NAME/CO. NAME/PHONE NUMBER)	
REFERENCE #4 (CONTACT NAME/CO. NAME/PHONE NUMBER)	



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CREDIT CARD BILLING AUTHORIZATION

CREDIT CARD BILLING INFORMATION:	
YOUR COMPANY/NAME:	
PERSON AUTHORIZING:	
CREDIT CARD TYPE:	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> AMEX
CREDIT CARD NUMBER:	
EXPIRATION DATE:	
CVC NUMBER (LAST THREE DIGITS FROM BACK OR DIGITS FROM AMEX):	
ZIP/POSTAL CODE:	
EMAIL ADDRESS:	
BILL MY CREDIT CARD ONCE FOR THE FOLLOWING AMOUNT:	
<p>Applicant agrees that all information provided is accurate and complete. Customer also acknowledges that all requests for services may be immediately terminated at Platinum Enterprises discretion if any charges are declined. Disputes to amounts invoiced should immediately be reported to michelle@platinum-enterprises.com or by calling Platinum Enterprises at 951-684-3444</p> <p>THERE WILL BE AN ADDED 3.5% FEE TO PROCESS PAYMENT</p>	

The undersigned is the fully authorized representative of the company above mentioned.

Authorized Signature: _____ Date: _____