

Foreign Partner Requirements

Dear valued vendor,

In light of our partnership and as part of our corporate policy, we would like to collect the documents listed below. Thank you for your assistance. We look forward to conducting business with you.

- **Vendor Application** – This form ensures that our contact information is current.
- **C-TPAT Questionnaire** – This form ensures that Dietl International (dba Rock-It Cargo) is in full compliance with the Customs-Trade Partnership Against Terrorism program. Dietl International (dba Rock-It Cargo) must assess the security of its foreign business partners and make recommendations for improvement if necessary.
- **Certificate of Insurance** – This requirement ensures that the foreign business partner can cover its own legal liability should any issues arise; it is not necessarily a request for insurance coverage on any specific shipments.



Vendor Application

Contact Details

Vendor Name: _____

Street Address: _____

Street Address 2: _____

City: _____ State: _____ ZIP: _____ Country: _____

Tel: _____ Fax: _____ Vendor Website: _____

Company Details

Company Type: Corporation Partnership Sole Proprietorship Limited Liability Co

Type of Business: _____ Number of years in business: _____ State of Origin: _____

Name of Predecessor Businesses: _____

Federal Tax ID# _____ MC/MX Number: _____ USDOT Number: _____

Person to Contact Regarding Invoices: _____ Email: _____

24-Hour Contact: _____ Email: _____

Parent Company: _____

Company Contacts

Name: _____ Title: _____ Tel: _____

Name: _____ Title: _____ Tel: _____

Principal Information

For proprietorship or partnership, list all owners and/or partners.

For corporation or limited liability company, list all officers directors, members and majority stockholders.

Name:	Telephone Number	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Have any of the companies or individuals listed above ever been a debtor in a bankruptcy proceeding? Yes No
- Has any judgment ever been entered against any of the companies or individuals listed above? Yes No
- Are there legal actions or arbitrations pending against any of the companies or individuals listed above? Yes No

Operational Issues

- Do you operate a 24/7 service? Yes No
- Do you agree to notify DIS by phone and email within 60 minutes of any change in schedule for an active shipment? Yes No

- Do you have an in-house quality assurance/quality control program? Yes No

- If you are a trucking company:

- Do your drivers carry mobile phones? Yes No

- Are your trucks locked and monitored by GPS? Yes No

Insurance Coverage Information

Please provide proof of the following coverages:

- General liability with at least \$1,000,000 in coverage
- Auto liability with at least \$1,000,000 in coverage
- Additional insured with respect to general liability and auto liability coverage listed as:
- Workers' compensation per state requirements*
- Cargo insurance with at least \$100,000 in coverage

Dietl International (dba Rock-It Cargo USA LLC) | 5438 W 104th St. | Los Angeles, CA 90045

**If exempt from applicable workers' compensation requirements, please complete a Waiver of Liability and Indemnity Agreement in Lieu of Workers' Compensation Insurance Coverage and provide proof of occupational accident insurance coverage*

C-TPAT (Customs-Trade Partnership Against Terrorism)

C-TPAT Certified? Yes No

Other security program? Yes No

SVI Number (if applicable) _____

Foreign Supply Chain Security Program Number (if applicable) _____

The undersigned agrees that all services rendered for Dietl International (DIS) must be initiated by a DIS purchase order and that only invoices reflecting this purchase order will be paid. Otherwise, serious delay in payment to the undersigned may result. In addition, the undersigned acknowledges that he/she has reviewed the above information and that it is correct and accurate to the best of his/her knowledge.

Signature: _____

Officer name: _____

Date: _____



Business Partner Supply Chain Security Questionnaire and Guidelines

Rock-It Cargo USA LLC is a certified member of C-TPAT (Customs Trade Partnership Against Terrorism). Consistent with the Company's obligations and responsibilities under C-TPAT, Rock-it Cargo strongly recommends that all business partners (customers, vendors, service providers, etc.) complete the following form regarding their security supply chain and other security practices.

General Information

Date:	Completed by:	Referred by:
Full Company Name:		
dba:	Years in Business:	
Type of Business Structure: <input type="checkbox"/> Corporation / <input type="checkbox"/> LLC / <input type="checkbox"/> Partnership / <input type="checkbox"/> Sole Proprietorship / <input type="checkbox"/> Other (Describe) State of Incorporation/Formation:		
Telephone:	Fax:	Website:
Physical Address: (no PO boxes)		
Federal Tax ID:	U.S. Customs Filer Code:	
FMC No.:	IATA Number:	

Primary Contact Information

Principal / Partner / Officer / Owner Information

Name: _____ Title: _____	Name: _____ Title: _____
Phone: _____	Phone: _____
E-mail: _____	E-mail: _____

C-TPAT Information

C-TPAT Status: <input type="checkbox"/> Certified <input type="checkbox"/> Pending <input type="checkbox"/> N/A	C-TPAT SVI Number: _____
Participation in Foreign Customs Supply Chain Security Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Certification Status: _____
Certification Country: _____	Certification Number: _____

Supply Chain Security Questions

Facility (Primary site in which your supply chain is managed)		
Fence <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Cameras <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Lighting <input type="checkbox"/> Yes <input type="checkbox"/> No
Security Guards 24/7 <input type="checkbox"/> Yes <input type="checkbox"/> No	Security Awareness Training for Guards <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	



Business Partner Supply Chain Security Questionnaire and Guidelines

Visitors Controls <input type="checkbox"/> Yes <input type="checkbox"/> No	Truck/Container Log In Controls <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Secured area for container storage <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Shipping to the U.S.		
Restricted access to shipping area <input type="checkbox"/> Yes <input type="checkbox"/> No	Secure loading docks <input type="checkbox"/> Yes <input type="checkbox"/> No	
Container inspection <input type="checkbox"/> Yes <input type="checkbox"/> No	High security seals <input type="checkbox"/> Yes <input type="checkbox"/> No	
Merchandise inspection <input type="checkbox"/> Yes <input type="checkbox"/> No		
Receiving from foreign locations		
Restricted access to receiving area <input type="checkbox"/> Yes <input type="checkbox"/> No	Secure loading docks <input type="checkbox"/> Yes <input type="checkbox"/> No	
Merchandise inspection <input type="checkbox"/> Yes <input type="checkbox"/> No	Security seals matching <input type="checkbox"/> Yes <input type="checkbox"/> No	
Data and Documentation Security		
Restricted access to shipping data and documents <input type="checkbox"/> Yes <input type="checkbox"/> No	Secure computer access <input type="checkbox"/> Yes <input type="checkbox"/> No	
Data and Documentation verification <input type="checkbox"/> Yes <input type="checkbox"/> No	Document destruction policy <input type="checkbox"/> Yes <input type="checkbox"/> No	
Personnel		
Uniforms <input type="checkbox"/> Yes <input type="checkbox"/> No	Name Badges <input type="checkbox"/> Yes <input type="checkbox"/> No	Background Checks <input type="checkbox"/> Yes <input type="checkbox"/> No
Security Awareness Training <input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency: every _____	Drug Testing <input type="checkbox"/> Yes <input type="checkbox"/> No



Business Partner Supply Chain Security Questionnaire and Guidelines

Self-Evaluation and Testing

Do you evaluate and audit your procedures <input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency: every _____	Documented <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you test your procedures <input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency: every _____	Documented <input type="checkbox"/> Yes <input type="checkbox"/> No

Customer References (Provide at least two primary customers)

Company:	Contact Person:
Address:	Telephone:
_____	E-mail:
_____	Product:

Company:	Contact Person:
Address:	Telephone:
_____	E-mail:
_____	Product:

Company:	Contact Person:
Address:	Telephone:
_____	E-mail:
_____	Product:

Accounts Payable Contact Information

Billing Address:	Contact Person:
_____	Telephone:
_____	E-mail:



Business Partner Supply Chain Security Questionnaire and Guidelines

Verification

Date:	Print name:	Signature:
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Approval

Date:	Print name:	Signature:
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