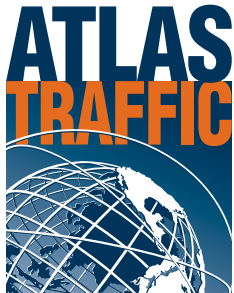


DEPOSIT AUTHORIZATION



Atlas Traffic Consultants Corp.

18-42 College Point Blvd.

Flushing, NY 11356-2221

T: 718-461-0555

F: 718-461-4391

www.atlastraffic.com

Finding revenue for our clients is what Atlas Traffic is all about and we believe we have another way for you to improve your cash flow.

In this case, it involves substantially reducing your bookkeeping and accounting work and simplifying the entire process of handling your freight refunds.

We recommend that you let us process carrier remittances directly. Under this procedure, we would collect your claims for you, deposit the refund checks, consolidate all carrier remittances due from our audits, and, after deducting our commissions, forward a single check to you. Of course, along with the check, we'll provide you with a full and complete accounting of all claims and refunds covered by the check.

This method is simple. It's neat. And, here's how it saves you time and money in processing carrier refunds:

- It practically eliminates paperwork for your accounts receivable department.
- It eliminates all work on freight refunds for your accounts payable department.
- It eliminates the need to compute and prepare commission statements.
- It makes it unnecessary for you to process multiple remittance checks.

If this recommendation appeals to you, we can get started right away. Just sign and return the authorization copy of this letter in the enclosed pre-addressed envelope.

By the way, you're not locked in to this procedure. Try it for as long as you want and if you ever change your mind, just give us 30 days notice to rescind your authorization.

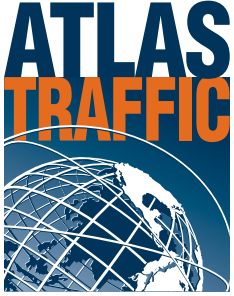
Whatever you decide, please be assured that we will continue to provide the service you've come to expect from us.

If you have any questions, please feel free to call me.

Very truly yours,

Robert M. Silverman
President & CEO

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Authorization:

We accept your proposal, and herewith grant Atlas Traffic Consultants Corp. the right to endorse for deposit and collections in our name and behalf remittances received by you for refunds, and to deduct from such remittances your authorized charges, with the clear understanding that a complete listing of all refunds involved will be sent to us.

FIRM NAME: _____

AUTHORIZED SIGNATURE: _____

PRINT NAME: _____

TITLE: _____

DATE: _____