



Dispatch- Carrier Agreement

What we need to do business and get you a load.

- Copy of MC Authority
- Copy of your insurance certificate and a phone number for your insurance company.
- A signed W-9 Form.
- Signed Contract for Services.
- Carrier Profile.
- Credit Card Authorization **OR** Your factoring company's name, address, and contact phone number.

Please, complete the following information so that we may better serve you.

You will receive an invoice faxed to your selected location.

Motor Carrier/Company's Name _____

Address _____

City _____ State _____ Zip Code _____

Motor Carrier/Company's phone number _____

Cell phone number _____

Fax Number _____

Insurance Company's name _____

Insurance company phone number _____

Factoring company's name _____

City _____ State _____ Zip Code _____

Phone Number and Contact Name _____

Dispatch-Carrier Agreement



This Agreement is made on _____, 20____, between “**Monicalin Dispatch Services**”, referred to as DISPATCHER, and _____, referred to as CARRIER or CLIENT.

1. **CLIENT’S General Duties:** Client in a good manner will deliver consumer items and freight cargo items for brokers and customers and perform such other transportation and related services as may be necessary to serve customers. Ensure safety and compliance during operation.
2. **COMPANY’s General Duties:** COMPANY will assist with all aspects of freight booking process for a CLIENT. COMPANY will act as CLIENT’s non-exclusive representative when dealing with Brokers and complete any necessary documentation on behalf of CLIENT as outlined in **Exhibit A**.
3. **Duration:** This agreement shall become effective on the date inserted in the first sentence of this agreement and shall remain in effect for a period of one (1) month and also renewable thereafter.
4. **Termination:** This Agreement may be terminated at any time: (a) by mutual consent; (b) by the insolvency of CLIENT due to non-payment as outlined in Exhibit B; (c) without cause upon either party giving the other (7) days written notice of termination; or (d) with cause upon the breach of this agreement by either of the parties.
5. **Payment:** CLIENT shall pay COMPANY for services provided as outlined in Exhibit B.
6. **Equipment:** CLIENT will provide its own equipment.
7. **Insurance:** CLIENT will carry at its own expense physical damage, bobtail, cargo, and liability insurance upon any vehicles or other equipment used by it in carrying out its duties under this agreement.



8. **Labor:** CLIENT shall, at its own expense: (a) furnish whatever labor is necessary to provide delivery services to BROKERS AND SHIPPERS, and (b) provide Worker's Compensation and Employer's Liability Insurance if necessary. CLIENT shall also be responsible for payment of wages and social security and withholding taxes for its employees. CLIENT shall hold COMPANY harmless from any liability resulting from injury or death of any persons including but not limited to driving, operating, repairing, maintaining, loading or unloading CLIENT'S equipment.
9. **Safety and Compliance:** CLIENT is fully responsible and liable for the safety and compliance of the operation. CLIENT shall hold COMPANY harmless from any liability resulting from safety and compliance violations.
10. **Lost or Damage:** CLIENT will be liable for loss or damage to items intended for transport which are in CLIENT's possession or under its dominion and control.
11. **Control and Exclusive Use:** In performing services under this agreement, CLIENT will direct the operation of any equipment in all respects and will determine the means of performance including but not limited to such matters as choice of any routes, points of service of equipment, rest shops, and timing and scheduling of customers deliveries. The parties intend to create an independent contractor relationship and not an employer-employee relationship.
12. **Laws:** CLIENT agrees to comply with all federal, state and local laws, rules, and regulations pertaining to its performance under this agreement.
13. **Disclosure:** COMPANY is not a freight broker, but an administrative agent acting as liaison between licensed motor carrier and licensed freight broker. Agreement between parties is non-exclusive, therefore COMPANY can service other carriers and CLIENT can use other dispatch services.



EXHIBIT “A” OF PARTNERSHIP AGREEMENT

COMPANY’S DESIGNATION:

By signing this Exhibit Client provides written consent to the Company to act on their behalf as Dispatcher (and be listed Carrier-Broker Agreements as Dispatcher or Manager of Logistics/Operations). In such capacity, Company has the right to perform following duties;

- Contact Brokers on behalf of the Carrier to acquire information on available freight and conditions.
- Sign Broker-Carrier agreements on behalf of the Carrier.
- Negotiate the rates and sign rate confirmations on behalf of the Carrier.
- Set up accounts with leading load boards for the purpose of searching and “truck posting” for Carrier.
- Conduct communication with Freight Brokers on behalf of the Carrier.

Client’s Acceptance:

I _____ have read and I understand and agree to the terms and conditions listed above.

Signature: _____ Date: _____



Company's Acceptance:

Signature: _____ Date: _____

EXHIBIT "B" OF PARTNERSHIP AGREEMENT

COMPANY'S COMPENSATION:

By signing this Exhibit, Client agrees to pay every week as following (please select one payment option):

Option 1

8% of the gross revenue booked by the Company for Client

Total of 8% of the loads gross revenue booked by the Company from Monday through Sunday will be charged the following Monday to Client's credit or debit card.

Option 2

\$300.00 weekly "pay in advance" flat fee per truck.

A total of \$300.00 per truck will be charged every Monday to Client's credit or debit card until this agreement is terminated.

Client's Acceptance:



I _____ have read and I understand
and agree to the terms and conditions listed above.

Signature: _____ Date: _____

Company's Acceptance:

Signature: _____ Date: _____

CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.

All information will remain confidential.

Cardholder Name: _____

Billing Address: _____

Credit Card Type _____ Visa _____ MasterCard _____ Discover.

Credit Card Number: _____

Card identification Number (last 3 digits located on the on the back of
the credit card): _____

Amount to Charge: as per the valid agreement between Cardholder and
MONICALIN DISPATCH SERVICES LLC.



I authorize Monicalin Dispatch Services LLC to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Print Name, Sign and Date Below:

Signed: _____

Print Name: _____

Dated: _____

CARRIER PROFILE

MC# _____ DOT# _____

Carrier Name: _____

Physical Address: _____

Mailing Address: _____

Contact Name: _____

Phone #: _____ Fax#: _____

Dispatcher _____

E-mail
Address: _____

Remit to or Factoring Company



Federal tax ID # _____

Company Type: Corp LLC Partnership Sole Proprietorship

Do you allow advances via TChек to your drivers for operating expenses(fuel/lumpers)? Yes, or No?

Do you allow payments in full via Tchek to your drivers? Yes, or No?

EQUIPMENT PROFILE

Please give the CURRENT COUNT for the following equipment types:

48' Vans: __ 48' Reefers: __ 53' Flatbeds __ Double Drops: __ Hotshots: flat __ van

53' Vans: __ 53' Reefers: __ Step decks: __ Bulk wet: ____ Tractors: _____

57' Vans __ 48" Flatbeds: __ Curtain Sides: ____ Bulk dry: _____ Landoll: _____

Are you Haz-Mat qualified? Does your fleet contain vented vans? Max net cargo weight _____ lbs.