



1013 SERVICES LLC DISPATCH- CARRIER AGREEMENT

PHONE: (281) 608-5916

EMAIL: 1013@1013SERVICESIIC.COM

Or 1013services@gmail.com

I _____ (the carrier), the Owner Operator of Truck # _____, Trailer # _____, Motor Carrier #(MC/) _____, and Department of Transportation #(DOT), _____

I hereby grants authorization or permission to: **1013 DISPATCH SERVICES** to act as my Dispatcher/Logistics Manager for the sole purpose of searching for and booking loads, processing all brokerage paperwork and obtaining and/or submitting all necessary documents required in order to expedite loads and dispatch via telephone, fax or email for my truck, License Plate#, _____, in the state of _____.

ALL BILLING, INVOICING, AND COLLECTIONS OF REVENUE FROM SHIPPERS, BROKERS AND/OR FACTORING COMPANIES ARE THE SOLE RESPONSIBILITY OF THE CARRIER/TRUCKING COMPANY, UNLESS **1013 SERVICES LLC** AND CARRIER/TRUCKING COMPANY HAVE ARRANGED AND AGREED UPON ADDITIONAL SERVICES PROVIDED TO THE CARRIER/TRUCKING COMPANY BY 1013 SERVICES. If revenue for a shipment or shipments is uncollectible, 1013 SERVICES will be held harmless and no penalty or deduction of fees will be made.

The Carrier/Trucking Company agrees to maintain all proper licenses and permits (UCR, IFTA, IRP, etc.) to conduct business as a motor carrier in the area of intended operation, either Intrastate or Interstate. Additionally, the Carrier/Trucking Company agrees to maintain general liability (\$1 million) and cargo insurance (\$100,000) at the amounts set forth by the home state of the carrier/trucking company. **1013 SERVICES** will be held harmless in the event of any and all claims. **The Fee for Invoicing is 2%Per Load.**

The Fee for Dispatching Services will be 8% per load As Loads/Freight/Cargo are picked up, delivered, and Carrier/Trucking Company is paid FIRST, an amount equal to the above stated percentage/pricing scheme will be payable to: **1013 SERVICES LLC**. **Either party has the right to end this agreement without cause at any time with seven (7) days' notice by written request.**

By signing below, I fully understand the terms of this agreement.

Carrier Print: _____ Carrier Signature: _____

Date: __/__/__

Carrier Phone Number: () _____-_____ Carrier Email: _____



10:13 DISPATCH SERVICES LLC

Limited Power of Attorney

BE IT KNOWN, that _____
(Carrier/Trucking Company) with an MC/DOT number of _____ has made and appointed, and by these presents does make and appoint **1013 SERVICES**, true and lawful limited power of attorney for, place and stead, for the limited and specific purpose of contracting loads of freight to be hauled by, giving and granting said **1013 SERVICES**, full limited power and authority to do and perform all and every act and thing whatsoever necessary to be done in and about the specific and limited terms (set out herein) as fully, to all intents and purposes, as might or could be done if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that said attorney shall lawfully do or cause to be done by virtue thereof. This limited power of attorney is to remain in full force and effect until revoked by me in writing. Such revocation is to be emailed to:

1013 DISPATCH SERVICES LLC

1013@1013SERVICESIIC.COM

STATE: _____

COUNTY: _____

I (Notary) certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document:

Name(s) of Principal(s) – Carrier/Trucking Company

Date: _____

(Official Seal Here)

Signature of Notary: _____

10:13 SERVICES CARRIER PROFILE

Instructions: Please complete this form giving us all the information that pertains to you and your company. The better informed we are the better we will be able to assist you. This form should be updated at any time by notifying us. This information is for our use only and will not be released to any third party without your express written permission.

PART 1: CARRIER INFORMATION SECTION

COMPANY: _____ DBA (If Any): _____

PHYSICAL ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

MAIN CONTACT: _____

E-MAIL: _____

OFFICE PHONE: _____ FAX: _____ CELL PHONE: _____

EMERGENCY CONTACT: _____ EMERGENCY PHONE: _____

PART 2: EQUIPMENT TYPE

Number and Type of Trucks: **53' VAN:** ____ **53' REEFERS:** ____ **48'/53' FLATBED:** ____

OTHER TYPES: _____

DISPATCH SPECIFICATIONS

Please give us your minimum cents per mile information. We understand that many factors will change this information, but this will give us a starting point.

RATE PER MILE: _____ **MAX PICKS/PICK UPS:** _____ **MAX DELIVERIES:** _____

Mountains? (Y/N) _____ **TOLLS? (Y/N)** _____ **Weight Limit** _____

Areas of USA you like to travel (ZONES) – Please circle all that apply

Northeast (NY, NJ, CT, RI, MA, ME, etc.)

Midwest (MI, OH, KY, IN, IL, WI, etc.)

Southeast (FL, GA, LA, AL, etc.)

Southwest (TX, NM, etc.)

West (CA, AZ, OR, NV, ID, etc.)



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

1. Copy of MC Authority Letter
2. DOT#
3. DL/CDL
4. Copy of your insurance certificate
5. Signed W-9 form
6. Signed Dispatcher-Carrier Agreement & Power of Attorney (OPTIONAL)
7. Company profile completed.
8. Your factoring company's name, address, and contacts phone number (if applicable) Please complete the following information so that we may better serve you.

Company's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Company's Phone Number: _____

Cell Phone Number: _____

Fax Number: _____

Insurance Company's Name: _____

Insurance Company's Phone# _____

Factoring Company Name: _____ Phone Number: _____

Factoring Company Address: _____

*****NOTE*****

****ALL INVOICES FOR BOOKED LOADS ARE SENT EVERY FRIDAY TO THE EMAIL ADDRESS YOU PROVIDED****