



CARRIER SET-UP REQUIREMENTS:

Welcome to RK Truck Dispatch LLC. Please review all of the attached documentation and have an authorized person complete and sign all necessary forms. If you have any questions, please feel free to contact us at: 208.301.6815. Once completed please email to:

service@rktruckdispatch.com

COMPLETED DOCUMENTATION NEEDED:

Dispatch Agreement

Dispatch Authorization Form

Completed Company Profile – Please be detailed.

Equipment Data Sheet

Documentation needed to complete New Carrier Set Up for Dispatch Services:

Copy of your Authority Letter

Copy of your Factoring Letter of Authorization

A Completed W9 Form

Insurance Certificate (Details Below)

Please have your Insurance Agent list us a cert holder:

***RK Truck Dispatch LLC
16432 Midland Blvd #73
Nampa, ID 83687***

***Our Email is: service@rktruckdispatch.com
Fax: 208.261.4307 Phone: 208.301.6815***

We require \$100,000.00 in Cargo and \$1,000,000.00 in Liability.

Thank you for choosing RK Truck Dispatch for your Dispatching Needs!



Dispatch Carrier Agreement

This agreement is made this _____ day of _____, 20 ____ by and between RK Truck Dispatch LLC, hereafter referred to as DISPATCH SERVICE, and _____ dba if any of _____ with an MC# of _____ and/or DOT # of _____, hereafter referred to as CARRIER. Whereas DISPATCH SERVICE is a Transportation Dispatch Service with obligations of handling all necessary paperwork between a Shipper or designated Transportation Broker and the CARRIER in order to secure freight (cargo) for said CARRIER.

WHEREAS CARRIER is a Motor Contract/Common Carrier subject to the jurisdiction of the ICC and FMCSA: now, therefore, in consideration of the promises and covenants hereinafter contained it is mutually agreed by and between parties hereto as follows:

EFFECTIVE DATE AND DURATION:

This agreement shall be effect, upon the date signed by both parties and shall be in effect until the revocation of this signed Dispatch Carrier Agreement by the CARRIER or until notice is given by DISPATCH SERVICE. CARRIER will mail said Revocation notice to current address on file at that time and or Email directly said notice to current Email on file. **There is NO required time limit on the agreement before it can be cancelled.**

STATEMENT OF WORK:

RK Truck Dispatch LLC will:

1. Find freight that best matches the profile of the Carrier.
2. Will contact Carrier with load matches and go over all options.
3. Will to its best ability, verify the credit worthiness of the broker/shipper and assure that said entity is approved with the Carrier's Factoring Service before accepting such load.
4. Upon Carrier's agreement, all required paperwork, insurance certifications agreements will be completed and submitted to said broker/shipper.
5. Will make sure that final load confirmation and required paperwork for said load will be sent to the designated Carrier representative and that the driver is properly dispatched on said load.

OBLIGATIONS OF THE CARRIER:

Provide the following:

1. A completed Dispatch Carrier Agreement
2. Completed Dispatch Authorization Form
3. Copy of MC Authority Letter
4. Completed W9 Form
5. Proof of Insurance (being listed as a certificate holder) – Reefer to Insurance Requirements
6. Completed Company Profile
7. Equipment Information sheet
8. Proper contact information
9. If factoring to submit a Letter of Assignment



Dispatch Carrier Agreement

SERVICE PLAN REQUESTED: (Please check with plan you want)

_____ – **Basic Service Plan** - With this plan the CARRIER will be invoiced a flat rate of 5.00% for the agreed upon rate of each load. If the load confirmation breaks down actual load details, no charge will be collected for items such as: Detention, Extra Stops, Fuel Surcharge etc. will not be added into the load charge. The CARRIER will be invoiced on a weekly basis and payment will be due upon receipt unless other arrangements have been made. (Please refer to Attachment "A" for additional details)

_____ – **Paperwork Only Service Plan** – With this plan the CARRIER will be invoiced a flat rate of \$20.00 per load or a flat rate of \$200.00 per month. If the flat rate is chosen CARRIER will be billed out in advance. If CARRIER opts for the per load will be invoiced on a weekly basis with payment due upon receipt for that invoice. This plan only for a CARRIER who finds their own loads but does not want to handle the paperwork. (Please refer to Attachment "A" for additional details)

CONSIDERATION:

The Carrier agrees to pay for service per the schedule on Attachment "A" of this agreement. Payment for our Basic Service Plan and our Paperwork Only Service Plan are to be paid in accordance with said agreement. Cancellation of either of these plans must be made 14 days prior to the due date of the Carrier's next invoice due date. Payment can be made to RK Truck Dispatch by check, money order, or by PayPal. Any other provision must be approved in advanced.

ADDITIONAL PROVISIONS:

1. Once a load has been set up for the Carrier, and all information given, it will be the responsibility of the Carrier to handle directly with the shipping party any problems, issues, delays, overages, shortages, or billing and collection issues. RK Truck Dispatch when asked will assist in problem areas.
2. In NO event, will RK Truck Dispatch be liable for any incidental, consequential, or indirect damages for the loss of profits, or business interruptions arising out of the use of the service.
3. Carrier agrees to hold harmless, before during and after the contract, all direct or indirect damages resulting from shortages damages and collection issues along with hours-of-service issues.
4. RK Truck Dispatch would notify Carrier if load required qualifications of additional insurance or special license requirements.

GOVERNING LAW:

This Agreement shall be governed by and construed in accordance with the laws of the State of Idaho without giving effect to any choice of law or conflict of law's provisions or rule (where of the State of Idaho or any other jurisdiction) that would cause the application of the laws of any jurisdiction other than those of the State of Idaho.



Dispatch Carrier Agreement

JURISDICTION AND VENU:

RK Truck Dispatch LLC and Carrier hereby consent to and agree to submit to the jurisdiction of the federal and state courts located in Canyon County, Idaho in connection with any claims or controversies arising out of the Agreement.

IN WITNESS WHEREEOF, the parties hereto have executed this Agreement as the date first above written.

CARRIER INFORMATION:

Printed Name: _____

Signature: _____

Title: _____

RK TRUCK DISPATCH LLC:

Printed Name: _____

Signature: _____

Title: _____



Dispatch Carrier Agreement

ATTACHMENT "A"

This attachment pertains to the selected level of service noted on Page 2 Section Service Plan Selected of this Agreement for _____ (Name of Carrier), and will remain in effect until either, Carriers request to have a change in services, wishes to terminate this Service Agreement, or Carrier is cancelled by RK Truck Dispatch for cause.

BASIC SERVICE PLAN:

☐ – Check here for this Service Plan

This plan is detailed as a Flat Service Fee Rate of 5.00 % of each load booked. All loads booked will be invoiced out on a weekly basis. The calendar will run for any loads booked between Sunday and Saturday of each week. Invoices will be sent to the CARRIER each Monday morning and payment will be due upon receipt of said invoice unless other arrangements have been made in advance.

PAPERWORK ONLY SERVICE PLAN:

☐ – Check here for this Service Plan

This plan is detailed as a Paperwork Only Plan and will be charged out at either a rate of \$20.00 per load billed out on a weekly basis. The calendar will run for any loads handled and booked between Sunday and Saturday of each week. Invoices will be sent to CARRIER each Monday morning and payment will be due upon receipt of said invoice. If CARRIER selects the Flat Monthly option will be billed a flat \$200.00 per month paid in advance of each month of service.

OTHER PROVISIONS:

Nonpayment to any of our service plans as outlined. There is a built-in grace period of 5 days after the invoice is due with no action taken. After the 10th day, the account is subject to suspension. Note: On the Monthly plan if you have elected to pay on a weekly basis there is NO grace period. Account will be suspended if payment is not received. If your account is suspended a \$50.00 reinstatement charge will be added. Any returned check we receive will be charged a \$50.00 fee for service charges. Carrier also understands that any fees required to collect any outstanding invoices balances will be charged back to the Carrier.

Payment for all services can be made with our online service portal via PayPal. Please note you do not have to have a PayPal account to use this service. Other options are by Check or Money Order.

CARRIER SIGNATURE: _____



Dispatch Authorization Form

BE IT KNOWN, that _____, with an MC or DOT number of: _____, has given RK Truck Dispatch LLC full authorization to handle all matters in the securement of freight including all aspects of the process which includes the authority to sign Broker-Carrier Agreements, any contracts, rate confirmations on behalf of the carrier listed above.

This authorization will remain enforce until either, _____ or RK Truck Dispatch LLC terminates this agreement.

Business address of Carrier:

Address: _____

City: _____ State: _____ Zip Code: _____

Contact: _____ Phone: _____

CARRIER

Authorized Signature

Printed Name

Company Title

Date

Phone Number

RK TRUCK DISPATCH, LLC

Authorized Signature

Printed Name

Richard Ray

Company Title

Managing Member

Date

Phone Number

208.301.6815



CARRIER PROFILE FORM

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 update as needed. This information is for internal use only and will NOT be given to 3rd parties.

CARRIER BASIC INFORMATION SECTION:

Carrier Name: _____ MC # _____

DBA If Any: _____ DOT# _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Main Contact: _____ Phone: _____ Email: _____

Emergency: _____ Phone: _____ Email: _____

EIN/SSN: _____ Type of Business: _____ (ie: Sole Prop/LLC, Etc)

SCAC CODE: _____ TWIC CERTIFIED: _____ HAZMAT CERTIFIED: _____

EQUIPMENT OVERVIEW:

Number of Trucks: _____ Company Owned: _____ Owner Operators Leased On: _____

Number of Trailers: _____ Power Only: _____ List DL Endorsements: _____

TRAILER TYPES:

TYPE	QTY	SIZE	LOADING WGT
Van			
Reefer			
Flatbed			
Step Deck			
Double Drop			
RGN			
Other			

LOADING ACCESSORIES

	Y/N	Quantity Info
E-Track		
Logistic Posts		
Straps		
Chains/Binders		
Tarps		
oversized		

SERVICE AREAS OF OPERATIONS: (Check all that apply)

United States: [] – All 48 States

AL		AR		AZ		CA		CO		CT		DE		FL		GA		IA		ID		IL	
IN		KS		KY		LA		MA		MD		ME		MI		MO		MN		MS		MT	
NC		ND		NE		NH		NJ		NM		NV		NY		OH		OK		OR		PA	
RI		SC		SD		TN		TX		UT		VA		VT		WA		WI		WV		WY	



CARRIER PROFILE FORM

INSURANCE INFORMATION:

Insurance Agency: _____ Phone #: _____
Address: _____ Fax #: _____
City: _____ State: _____ Zip Code: _____
Contact: _____ Email if known: _____

FACTORING COMPANY INFORMATION:

Name of Company: _____ Contact: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip Code: _____
Website (If Known): _____ Fax: _____

PLEASE USE THIS SECTION TO BETTER DESCRIBE YOUR COMPANY & OPERATIONS:

Office Use Only: Updated On: ____/____/____ Comments: _____



EQUIPMENT INFORMATION DATA SHEET

To complete your account set up we need to have detailed information on the equipment types and accessories that your truck (s) have with them. If you have more than one truck, please make copies of this form. If you have any questions, please feel free to contact us.

Tractor:

Make: _____ Model of Tractor: _____ Year: _____

License Number: _____ State of Registration: _____ Unit Number: _____

Vin Number of Tractor: _____

Trailer:

Make: _____ Year: _____

License Number: _____ State of Registration: _____ Unit Number: _____

Vin Number of Trailer: _____

Type of Trailer: _____ (i.e. Step Deck/Flat Bed/Conestoga/RGN/Van/Reefer)

Size: _____ Maximum Load Weight to Haul: _____ HazMat? _____

If Van or Reefer:

Do you have E-Tracking? _____ Logistics Posts? _____ Load Bars? _____ Pallets? _____

If Flat/Step/RGN/Conestoga.

Tarps? _____ If so what sizes _____ Chains/Binders? _____ How Many? _____

Straps? _____ How Many? _____ Load Levelers? _____ Ramps? _____

Oversize? _____

Any Additional Information:



Insurance Certificate Holder Info

Please contact your insurance agent and have them list:

RK Truck Dispatch LLC

16432 Midland Blvd #73

Nampa, ID 83687

Fax: 208.261.4307 Phone: 208.301.6815

Email: service@rktruckdispatch.com

A certificate holder. If you have any questions, please call above number.

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.	
	2 Business name/disregarded entity name, if different from above	
	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"/> 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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	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									
				-					

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 ►	Date ►
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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-INT (interest earned or paid)

- 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.