

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 a minimum of \$100,000.00 in Cargo and \$1,000,000.00 in Liability.

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



This agreement is made this hereafter referred to as DISPATCH	•	, 20	by and between RK Truck	Dispatch LLC, dba if any of
	with an MC# of _		and/or DOT # of	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT
hereafter referred to as CARRIER. obligations of handling all necessary CARRIER in order to secure freight (paperwork between a	a Shipper or de	Transportation Dispatch	Service with
WHEREAS CARRIER is a Motor Contr	ract/Common Carrier	subject to the	iurisdiction of the ICC and	FMCSA: now

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 convents 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 if used, 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
- 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



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

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.
- 5. No payment of any type from either a broker/shipper or factoring company be handled through RK Truck Dispatch.

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.



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:



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 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 10 th 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 , has given RK Truck	, with an MC or DOT num Dispatch LLC full authorization to handle all matters in	be the
	which includes the authority to sign Broker-Carrier Agreemen	
This authorization will remain enforce until either, Truck Dispatch LLC terminates this agreement.	or (Carrier)	RI
Business address of Carrier:		
Address:		
City: State:	_ Zip Code:	
Contact:	Phone:	
CARRIER	RK TRUCK DISPATCH, LLC	
Authorized Signature	Authorized Signature	-
Printed Name	Printed Name	
	Richard Ray	
Company Title	Company Title	
	Managing Member	
Date	Date	
Phone Number	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 Addres	s:					
City:			State:	Zip Code:		
Mailing Address	s:					
City:			State:	Zip Code:		
EIN/SSN:			Type of Busines	ss:	_ (ie: So	ole Prop/LLC, Etc)
SCAC CODE:		т	WIC CERTIFIED:	HAZMAT CERTI	FICED:	
			EQUPM	IENT OVERVIE	w:	
Number of Truc	ks:					ors Leased On:
Number of Traile	ers:		Power Only:	List DL Endo	rsemen	ts:
						NG ACCESSORIES
	TRAILER					
ТҮРЕ	QTY	SIZE			Y/N	Quantity Info
		1		E-Track	T	Quantity Info
ТҮРЕ		1		E-Track Logistic Posts	T	Quantity Info
TYPE Van		1			T	Quantity Info
TYPE Van Reefer		1		Logistic Posts	T	Quantity Info
TYPE Van Reefer Flatbed		1		Logistic Posts Straps	T	Quantity Info
TYPE Van Reefer Flatbed Step Deck		1		Logistic Posts Straps Chains/Binders	T	Quantity Info

SERVICE AREAS OF OPERATIONS: (Check all that apply)

United States: [] - All 48 States

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



CARRIER PROFILE FORM

INSURANCE INFORMATION:

Insurance Agency:		Phone #:				
Address:		Fax #:				
City:	State:	Zip Code:				
Contact:	Email if know	n:				
	FACTORING COMPA	NY INFORMATION:				
Name of Company:		Contact: _				
Address:		Phone:				
City:	State:	Zip Code:	***			
Website (If Known):		Fax:				
PLEASE USE THIS SEC	TION TO BETTER DE	SCRIBE YOUR COME	DANY & OPERATIONS			
		CKIDE TOOK COM	ANT & OF LIVATIONS.			
Office Use Only: Updated On	: / / Commen	's:				



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/Conestog	a/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:		

Form W-9 (Rev. October 2018) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS

	Ment of the Treasury I Revenue Service	► Go to www.irs.gov/FormW9 for instructions and the latest information.	send to the IRS.	
	1 Name (as shown	on your income tax return). Name is required on this line; do not leave this line blank.		
	2 Business name/d	isregarded entity name, if different from above		
e. ns on page 3.	3 Check appropriate following seven by Individual/sole single-member	ce ins	Exemptions (codes apply only to ration entities, not individuals; see structions on page 3): empt payee code (if any)	
Print or type. Specific Instructions	Note: Check t	is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is L	Exemption from FATCA reporting	
Pecific	is disregarded Other (see ins	from the owner should check the appropriate box for the tax classification of its owner.	plies to accounts maintained outside the U.S.)	
See Sp		, street, and apt. or suite no.) See instructions. Requester's name and	address (optional)	
S	6 City, state, and Z	IP code		
	7 List account num	ber(s) here (optional)	The state of the s	
Pai	tl Taxpay	ver Identification Number (TIN)		
Enter backu reside	your TIN in the app up withholding. For ent alien, sole prop es, it is your employ	propriate box. The TIN provided must match the name given on line 1 to avoid individuals, this is generally your social security number (SSN). However, for a rietor, or disregarded entity, see the instructions for Part I, later. For other ver identification number (EIN). If you do not have a number, see How to get a	ty 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

Number To Give the Requester for guidelines on whose number to enter.

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and

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	
Here	U.S. person ▶	Date ►

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)

Employer identification number

- 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.