

CARRIER AGREEMENT

THIS AGREEMENT IS MADE THIS _____ DAY OF _____, 20____, BY AND

BETWEEN _____ HEREAFTER REFERRED AS

DISPATCHER, AND _____, REFERRED TO

AS CARRIER. WHEREAS DISPATCHER IS A TRANSPORTATION DISPATCHER HANDLING THE NECESSARY PAPERWORK BETWEEN A SHIPPER AND CARRIER IN ORDER TO SECURE CARGO FOR SAID CARRIER

WHEREAS, CARRIER IS A MOTOR CONTRACT CARRIER SUBJECT TO THE JURISDICTION OF THE ICC: NOW THEREFORE, IN CONSIDERATION OF THE PROMISES AND COVENANTS HEREINAFTER CONTAINED IT IS MUTUALLY AGREED BY AND BETWEEN PARTIES HERETO AS FOLLOWS

OBLIGATIONS OF DISPATCHER 1. DISPATCHER agrees to handle paperwork, phone; fax calls to, from the BROKER or SHIPPER to tender commodities shipments to CARRIER for transportation in interstate commerce by CARRIER between points and places within the scope of CARRIER'S operating authority. 2. DISPATCHER bears no financial or legal responsibility in the transaction between the SHIPPER, CARRIER agreement. 3. DISPATCHER will:

- a. Make 100% effort to keep truck(s) loaded.
- b. CARRIER will be contacted about EVERY load we find to offer, and the driver will ACCEPT or REJECT the load.
- c. Invoice the CARRIER at time of service; also provide a copy of each Load Confirmation Sheet CARRIER is being billed for.

OBLIGATIONS OF CARRIERCARRIER gives DISPATCHER authority to provide his/her signature for rate confirmation sheets, invoices and associated paperwork necessary for securing cargo and billing purposes. The terms of this agreement shall be perpetual, provided that either party may terminate the same by giving 30 days written notice to the other . SHIPPER agrees to pay CARRIER promptly, following receipt of a freight bill and proof of delivery of each shipment to its assigned destination, free of damage or shortage. The amount to be paid by SHIPPER to CARRIER shall be established between parties on a per shipment basis OR WEEKLY GROSS prior to commencement of each individual shipment. A load confirmation including details of shipment and revenue to be paid will be supplied via FAX or EMAIL by SHIPPER to CARRIER. Confirmation will be signed by DISPATCHER and returned via FAX or EMAIL to SHIPPER. Payments are due to the DISPATCHER for services rendered and payments that are due to the DISPATCHER for services rendered are not contingent on outstanding company payments due to the CARRIER for loads that he/she has hauled for the SHIPPER OR BROKER. Failure to pay the DISPATCHER for services rendered will result in termination of contract and services immediately unless otherwise determined by the DISPATCHER.

CARRIER AGREES TO PAY DISPATCHER_____ % PER LOAD
PAYMENT TO DISPATCHER WILL BE DUE ON FRIDAYS OF EACH
WEEK.

_____ TITLE/DISPATCHER	_____ DATE	_____ SIGNATURE
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_____ TITLE/CARRIER	_____ DATE	_____ SIGNATURE
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LIMITED POWER OF ATTORNEY

Company Name _____ MC # _____

Address City State Zip _____

Phone() _____ Fax() _____

Email Address _____

I hereby appoint _____ of G.M.I.LOGISTICS LLC as my Attorney-in-Fact ("Agent"). G.M.I. LOGISTICS LLC agents shall have full power and authority to act on my behalf. This power and authority shall authorize G.M.I. LOGISTICS LLC to manage and conduct affairs and to exercise all of my legal rights and powers, including all rights and powers that I may acquire in the future. G.M.I. LOGISTICS LLC ' powers shall include, but not be limited to, the power to: 1. Contact shippers and brokers on my behalf for cargo. 2. Transfer of Paperwork (Carrier Packet, Rate Confirmations, Insurance Certificates, Invoices and all necessary paperwork) to shippers. 3. Sign and Execute Rate Confirmations for freight on my behalf. This Power of Attorney shall be construed broadly as a General Power of Attorney. The listing of Specific powers is not intended to limit or restrict the general powers granted in this Power of Attorney in any manner. Dispatchers shall not be liable for any loss that results from a judgment error that was made in good faith. However, Dispatcher ' shall be liable for willful misconduct or the failure to act in good faith while acting under the authority of this Power of Attorney. I authorize my Agent to indemnify and hold harmless any third party who accepts and acts under This document. any services provided as my Agent. shall be entitled to reasonable compensation for " shall be entitled to reimbursement of all reasonable expenses incurred in connection with this Power of Attorney. shall provide an accounting for all acts performed as my Agent, if I so request or if such a request is made by any authorized personal representative or fiduciary acting on my behalf. This Power of Attorney shall become effective immediately and shall not be affected by my disability or lack of mental competence, except as may be provided

otherwise by an applicable state statute. This is a Durable LIMITED Power of Attorney. This LIMITED Power of Attorney shall continue effective for (24 Months). This Power of Attorney may be revoked by me at any time by providing (30 Days) written notice to my Agent.

Dated

Signature

Printed Name

CARRIER PROFILE

COMPANY_____

PHYSICAL ADDRESS_____

MAILING ADDRESS_____

CITY_____

STATE_____ZIP_____

MAIN CONTACT_____

OFFICE

PHONE_____FAX_____

CELL_____

EMERGENCYCONTACT_____

EMAIL ADDRESS_____

WEBSITE IF ANY_____

DOT#_____MC#_____

TWIC CERTIFIED_____

HAZMAT CERTIFIED_____

EQUIPMENT TYPE

WEIGHT_____

LENGTH_____

MAX WEIGHT PER LOAD_____

SPECIAL EQUIPMENT_____

MIN RPM_____MAX PICKUPS_____MAX DROPS_____

COMMENTS_____

FACTORING INFO

IF YOU USE A FACTORING COMPANY PLEASE FILL OUT THIS SECTION AND ATTACH A NOA WHEN RETURNING PACKET.

FACTORING COMPANY

NAME _____

CONTACT _____

PHONE _____

FAX _____

WEBSITE _____

BILLING

ADDRESS _____

CITY _____ STATE _____

ZIP CODE _____

INSURANCE INFO

Please note: We do require our carriers to maintain a minimum of \$1 Million in liability and \$100,000.00 in Cargo insurance

INSURANCE COMPANY _____

CONTACT _____ PHONE _____

FAX _____ EMAIL _____

ADDRESS _____

CITY _____ STATE _____

ZIP CODE _____