



DMZ LOGISTICS, LLC

Phone: (813) 563-6126

Email: info@dmzlogistics.com

Website: www.dmzlogistics.com

DISPATCHER SERVICE AGREEMENT

I, _____ (the carrier), Motor Carrier Number(MC)_____and Department of Transportation Number(DOT), _____ hereby grants authorization or permission to: DMZ Logistics, LLC to act as my **Dispatcher** for the sole purpose of searching for and booking loads, processing all **brokerage paperwork (BROKER/CARRIER AGREEMENTS AND RATE CONFIRMATIONS)** and obtaining and/or submitting all **necessary documents required (COPY OF MC AUTHORITY LETTER, COPY OF CARRIER'S CERTIFICATE OF INSURANCE, COPY OF CARRIER'S W9, and COPY OF CARRIER'S NOTICE OF ASSIGNMENT, if the carrier has a factoring company)** .

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

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, 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.

DMZ Logistics, LLC will be held harmless in the event of any and all claims.

STATEMENT OF WORK

YOUR DISPATCH COMPANY WILL:

1. Fill out Broker Agreements on the client's behalf
2. Book loads on the Client's behalf.
3. Send rate confirmations to the carrier.
4. Find freight that best matches the profile for the Client.
5. Upon the Client agreeing to the load DMZ Logistics, LLC will fax or email the shipper/broker the Clients Authority, W-9, proof of insurance, and order insurance certificates if required, along with any other required supporting documentation.



Limited Power of Attorney Form

I _____ with an MC or DOT number of _____ has made and appointed, I appoint ***DMZ Logistics, LLC*** true and lawful attorney for, place and stead, for the limited and specific purpose of contracting loads of freight to be hauled by, giving and granting said ***DMZ Logistics, LLC***, full 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 power of attorney is to remain in full force and effect until revoked by me in writing. Such revocation is to be emailed to:

DMZ Logistics, LLC
info@dmzlogistics.com

CARRIER/TRUCKING COMPANY NAME: _____

Signature: _____

Printed Name: _____

Title: _____ **Date:** ____ / ____ / ____

WITNESS (Witness for Carrier)

Signature: _____

Printed Name: _____ **Date:** ____ / ____ / ____



The Fee for Dispatching Services will be 10% per load

10% We find the load and do all the back-end paperwork.

8% We find the load and **YOU** do the paperwork and end communication.

When loads, freight, and cargo are picked up, delivered, and the Carrier/Trucking Company is paid **FIRST**, an amount equal to the above stated percentage/pricing scheme will be payable to: **DMZ Logistics, LLC**.

NOTE: Invoices will be sent out on Sunday and must be paid by Tuesday at 3pm).

Carrier/Truck Company: _____

Carrier/Truck Company Phone Number: (____) _____ - _____

Carrier/Truck Company Email: _____

Either party has the right to end this agreement without cause at any time with **seven (7) days' notice by written request**.

Carrier/Trucking Company

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

Carrier/Truck Company Signature: _____

Name (Print): _____ Date: ____/____/____

Dispatch Company: **DMZ Logistics, LLC**

Dispatch Company Signature _____

Date: ____ / ____ / ____