

# *Interstate Freight Network*

2000 W. Pioneer Parkway #10D, Peoria, IL 61615  
309.571.7330 X 5



## AGREEMENT FOR DISPATCH SERVICES

Thank you for your interest in using our services as your dispatch and back-office support provider. We look forward to developing a long-term relationship with you!

Clients must, prior to the implementation of this agreement, provide Interstate Freight Network with the following information:

1. A completed and signed Simple Agreement Acknowledgment (page 2}
2. A completed Client Information Profile Sheet (page 3}
3. A completed and signed Credit Card Authorization Form with valid card information (page 4}
4. A copy of your MC Authority & a signed W9 form (blank form included if needed - page 5}
5. A copy of your Insurance Certificate (COI)
6. A scan or clear picture of your cab card and driver's license(s)

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### Dispatch Rates:

Please select your desired services - all rates are per truck

- Flatbed/Step-deck \$250/wk or 9%/wk of total gross revenue (whichever is greater)
- Dry Van/Reefer \$250/wk or 9%/wk of total gross revenue (whichever is greater)
- Hot Shots/Power Only \$250/wk or 10%/wk of total gross revenue (whichever is greater)
- Straight Trucks -\$250/wk or 12%/wk of total gross revenue (whichever is greater)
- Sprinter Vans - \$175/wk or 12%/wk of total gross revenue (whichever is greater)

Rate includes load dispatching, broker credit checks with Client's factoring company, insurance certificate requests, contracts, rate sheets, load issue support, POD transfers, and billing.

**Also, any Military Freight to be hauled will need prior authorization including a background check on driver or drivers! (\$50 fee Per driver for a background check)**

**A \$150 Deposit Is Required for All % Based Dispatched Trucks**

Client agrees to prepay the full amount due for each service *before* services will be provided. Client understands that Interstate Freight Network will always perform reasonable services for the agreed amount but makes no guarantee of outcome based on circumstances outside of our control.

Carrier Name: \_\_\_\_\_

MC #: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# ***Interstate Freight Network***

## Simple Agreement Acknowledgement

BE IT KNOWN, \_\_\_\_\_, with MC Number \_\_\_\_\_, (hereafter referred to as "Client") has given Interstate Freight Network (hereafter referred to as "IFN") full authorization to handle all matters in securing freight for Client and handling any and all paperwork associated with this authorization. This authorization specifically contracts IFN as Client's "Operation's Manager" with said title being used on all legal contracts and will remain in effect until either party terminates this agreement.

All services are prepaid and must be paid in full prior to services being provided. Weekly payment provides services for a Monday to Monday cycle. If Client wishes to cancel services, they may do so at any time, in writing. However, services for a paid week will continue to the end of the pre-paid week. Client understands there is no refund for services performed or partial days or weeks. **Initial \_\_\_\_\_**

It is Client's responsibility to notify IFN a minimum of 24 hours prior to a new paid week cycle to cancel or suspend services for the following week. If Client fails to do so, a credit for the next paid week of service will appear but no refund will be given. IFN will assume Client wishes to continue uninterrupted services, unless notified by Client, and will automatically use the pre-established method to secure payment from the Client on the prearranged day of the week. **Initial \_\_\_\_\_**

Client understands that there is no guarantee of receiving the same rate or fee for IFN services if services are canceled and re-subscribed later.

Hold Harmless. Client shall indemnify IFN (including their respective employees and agents) and hold harmless from and against all claims, liabilities, losses, damages, fines, penalties, payments, costs and expenses (including reasonable legal fees) to the extent proximately caused by or resulting from the negligence or intentional acts of the carrier client, including its employees or agents, in connection with the performance of this Agreement or the Services. The previous sentence, however, shall not apply to the extent that such claims, liabilities, losses, damages, fines, penalties, payments, costs or expenses are proximately caused by or result from the negligence or intentional acts of IFN, including its employees or agents. **A \$250 Deposit Is Required For All % Based Trucks**

This is a non-binding agreement for dispatch services with Client's company. Interstate Freight Network makes no guarantee of claim regarding our services, other than providing high integrity services.

IN WITNESS WHEREOF, the party hereto has executed this Agreement as the date below:

Carrier Client: \_\_\_\_\_

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Print

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

# ***Interstate Freight Network***

## **Client Information Profile Sheet**

For best service, please fill out as completely as possible!

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

MC#: \_\_\_\_\_ DOT#: \_\_\_\_\_ Tax ID#: \_\_\_\_\_

Service date of MC Authority: \_\_\_\_\_

Name of factoring company (if used): \_\_\_\_\_

Name of contact for truck: \_\_\_\_\_ Phone #: \_\_\_\_\_

### **Truck #1**

**-Semi/Trailer: \_\_\_\_\_ - Hot Shot: \_\_\_\_\_ -Straight Trucks: \_\_\_\_\_ -Power only: \_\_\_\_\_**

Truck #: \_\_\_\_\_ Make: \_\_\_\_\_ Year: \_\_\_\_\_

Truck Plate #: \_\_\_\_\_ Dry box or Refer: \_\_\_\_\_

Length of trailer or Box: \_\_\_\_\_ Maximum Weight Hauled: \_\_\_\_\_

### **Trailers**

Trailer #: \_\_\_\_\_ Make: \_\_\_\_\_

Year: \_\_\_\_\_ Plate #: \_\_\_\_\_

### **Driver**

Name: \_\_\_\_\_

Cell #: \_\_\_\_\_ Driver's Email: \_\_\_\_\_

Truck Plate #: \_\_\_\_\_ (Dispatch knows witch truck)

WILL driver accept tracking?

Can Driver see rates?

HAZMAT endorsement?

TWIC Card?

Tanker endorsement?

Military Freight?

### **CO Driver**

CO Driver's Name: \_\_\_\_\_

Cell #: \_\_\_\_\_ Driver's Email: \_\_\_\_\_

WILL driver accept tracking?

Can Driver see rates?

HAZMAT endorsement?

TWIC Card?

Tanker endorsement?

Military Freight?

**If more trucks,  
there is blank Truck and Driver info on last pages**

# *Interstate Freight Network*

## Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us.  
This authorization will remain in effect until cancelled.

Credit Card Information		
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA <input type="checkbox"/> Discover
Cardholder Name (as shown on card):		
Card Number:		
Expiration Date (mm/yy):		
Cardholder ZIP Code (from credit card billing address):		
CVV Code:		

I, \_\_\_\_\_, authorize Interstate Freight Network, dba ihavetrucks.com, to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transaction on my account. **A \$250 Deposit Is Required For All % Based Dispatched Trucks**

### Disclaimer:

1. Payment is required prior to receiving subscribed for services. If card is declined for any reason, we will make a reasonable effort you reach you to update the information so services can continue uninterrupted. Please notify us as soon as possible if your method of payment changes from the information provided above.
2. No refund for services will be given once services have begun for which payment has been made. Please refer to the Simple Agreement Acknowledgment form for more information.
3. Any holder of this consumer credit contract is subject to all claims and defenses which the debtor could assert against the seller of goods and services obtained pursuant hereto or with the proceeds hereof.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

# Interstate Freight Network

Form **W-9**  
(Rev. November 2017)  
Department of the Treasury  
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

<sup>a</sup> Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

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 <b>one</b> of the following seven boxes. <table style="width: 100%; margin-top: 5px;"> <tr> <td style="text-align: center;"><input type="checkbox"/> Individual/sole proprietor or single-member LLC</td> <td style="text-align: center;"><input type="checkbox"/> C Corporation</td> <td style="text-align: center;"><input type="checkbox"/> S Corporation</td> <td style="text-align: center;"><input type="checkbox"/> Partnership</td> <td style="text-align: center;"><input type="checkbox"/> Trust/estate</td> </tr> </table> <p style="margin-top: 5px;">Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) <sup>a</sup> _____</p> <p><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check <b>LLC</b> 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 <b>not</b> 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.</p> <p>Other (see instructions) <sup>a</sup> _____</p>	<input type="checkbox"/> Individual/sole proprietor or single-member LLC	<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust/estate
<input type="checkbox"/> Individual/sole proprietor or single-member LLC	<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust/estate	
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) _____ (Applies to accounts maintained outside the U.S.)					
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)

### 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										-		-							
<b>or</b>																			
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.

<b>Sign Here</b>	Signature of U.S. person <sup>a</sup>	Date <sup>a</sup>
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# ***Interstate Freight Network***

**After completing the W-9**

**Make sure you provide in this E-mail before you send back**

## **Please Check List Before Sending:**

- THIS PACKET COMPLETELY FILLED OUT
- Completed and signed Credit Card Authorization
- A copy of your MC Authority:
- A copy of your Insurance Certificate (COI)
- A copy of your Cab Card (proof of Insurance of state)
- A Pic of each Drivers, driver's license:
- 2 photos of the truck
  - 1/ Front of truck looking down driver side of truck
  - 2/ Back side of truck looking up Passenger side of truck



## **Truck #1**

1/ Front of truck looking down driver side of truck

2/ Back side of truck looking up Passenger side of truck

# ***Interstate Freight Network***

## **Truck #2**

**-Semi/Trailer:** \_\_\_\_\_ **- Hot Shot:** \_\_\_\_\_ **-Straight Trucks:** \_\_\_\_\_ **-Power only:** \_\_\_\_\_

Truck #: \_\_\_\_\_ Make: \_\_\_\_\_ Year: \_\_\_\_\_

Truck Plate #: \_\_\_\_\_ Dry box or Refer: \_\_\_\_\_

Length of trailer or Box: \_\_\_\_\_ Maximum Weight Hauled: \_\_\_\_\_

## **Trailers**

Trailer #: \_\_\_\_\_ Make: \_\_\_\_\_

Year: \_\_\_\_\_ Plate #: \_\_\_\_\_

## **Driver**

Name: \_\_\_\_\_

Cell #: \_\_\_\_\_ Driver's Email: \_\_\_\_\_

Truck Plate #: \_\_\_\_\_ (Dispatch knows witch truck)

WILL driver accept tracking?

Can Driver see rates?

HAZMAT endorsement?

TWIC Card?

Tanker endorsement?

Military Freight?

## **CO Driver**

CO Driver's Name: \_\_\_\_\_

Cell #: \_\_\_\_\_ Driver's Email: \_\_\_\_\_

WILL driver accept tracking?

Can Driver see rates?

HAZMAT endorsement?

TWIC Card?

Tanker endorsement?

Military Freight?

1/ Front of truck looking down driver side of truck

2/ Back side of truck looking up Passenger side of truck

# ***Interstate Freight Network***

## **Truck #3**

-Semi/Trailer: \_\_\_\_\_ - Hot Shot: \_\_\_\_\_ -Straight Trucks: \_\_\_\_\_ -Power only: \_\_\_\_\_

Truck #: \_\_\_\_\_ Make: \_\_\_\_\_ Year: \_\_\_\_\_

Truck Plate #: \_\_\_\_\_ Dry box or Refer: \_\_\_\_\_

Length of trailer or Box: \_\_\_\_\_ Maximum Weight Hauled: \_\_\_\_\_

## **Trailers**

Trailer #: \_\_\_\_\_ Make: \_\_\_\_\_

Year: \_\_\_\_\_ Plate #: \_\_\_\_\_

## **Driver**

Name: \_\_\_\_\_

Cell #: \_\_\_\_\_ Driver's Email: \_\_\_\_\_

Truck Plate #: \_\_\_\_\_ (Dispatch knows witch truck)

WILL driver accept tracking?

Can Driver see rates?

HAZMAT endorsement?

TWIC Card?

Tanker endorsement?

Military Freight?

## **CO Driver**

CO Driver's Name: \_\_\_\_\_

Cell #: \_\_\_\_\_ Driver's Email: \_\_\_\_\_

WILL driver accept tracking?

Can Driver see rates?

HAZMAT endorsement?

TWIC Card?

Tanker endorsement?

Military Freight?

1/ Front of truck looking down driver side of truck

2/ Back side of truck looking up Passenger side of truck



# ***Interstate Freight Network***

## **Truck #4**

-Semi/Trailer: \_\_\_\_\_ - Hot Shot: \_\_\_\_\_ -Straight Trucks: \_\_\_\_\_ -Power only: \_\_\_\_\_

Truck #: \_\_\_\_\_ Make: \_\_\_\_\_ Year: \_\_\_\_\_

Truck Plate #: \_\_\_\_\_ Dry box or Refer: \_\_\_\_\_

Length of trailer or Box: \_\_\_\_\_ Maximum Weight Hauled: \_\_\_\_\_

## **Trailers**

Trailer #: \_\_\_\_\_ Make: \_\_\_\_\_

Year: \_\_\_\_\_ Plate #: \_\_\_\_\_

## **Driver**

Name: \_\_\_\_\_

Cell #: \_\_\_\_\_ Driver's Email: \_\_\_\_\_

Truck Plate #: \_\_\_\_\_ (Dispatch knows witch truck)

WILL driver accept tracking?

Can Driver see rates?

HAZMAT endorsement?

TWIC Card?

Tanker endorsement?

Military Freight?

## **CO Driver**

CO Driver's Name: \_\_\_\_\_

Cell #: \_\_\_\_\_ Driver's Email: \_\_\_\_\_

WILL driver accept tracking?

Can Driver see rates?

HAZMAT endorsement?

TWIC Card?

Tanker endorsement?

Military Freight?

1/ Front of truck looking down driver side of truck

2/ Back side of truck looking up Passenger side of truck