

**Client Agreement**  
**Lady and Son's Dispatching, LLC.**  
[AshleyStidonsDispatching@yahoo.com](mailto:AshleyStidonsDispatching@yahoo.com)  
(762)-233-0138

**Carrier Set-up Requirements**

Welcome to Lady and Son's Dispatching LLC ! We are pleased that you have decided to grant us the permission to act as your dispatching service provider representing your company in the arena of covering your truck(s) and/or delivering the administrative functions, which is no small deal or transaction. We understand how important your business is to you. You have made a wise decision; we will represent you with integrity, professionalism, and pride in all that we do!

To enroll in our program, fill out and return the following items by email to company email address at [ashleystidonsdispatching@yahoo.com](mailto:ashleystidonsdispatching@yahoo.com)

- Limited Power of Attorney
- Dispatch Agreement
- Company Profile Sheet
- Truck Operation Form
- Copy of Carrier's Authority
- Copy of your DOT#
- Copy of your W-9
- Copy of insurance certificate. (We require \$75,000 in Cargo and \$75,000 in Liability)

Once your paperwork is processed you will be contacted promptly with all pertinent information and your Customer ID.

For questions/concerns regarding Lady and Son's Dispatching LLC requirements please contact us by email.

Thank you for choosing Lady and Son's Dispatching LLC !

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**Agreement for Dispatch Services**

**1. RECITALS**

This agreement made as of this \_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ by and between Company **Lady and Son's Dispatching LLC** and, herein after referred to as 'Client', desires to retain **Lady and Son's Dispatching , LLC.** by executing a Limited Power of Attorney form to find and secure freight for Client and dispatch Client's equipment. Prior to the implementation of this agreement Client must furnish to **Lady and Son's Dispatching , LLC.** the following documents:

1. This Agreement form completed, dated and signed.
2. A signed Limited Power of Attorney form.
3. A completed Company Profile Sheet.
4. Truck Operation Form.
5. A list of any established references (at least three).
6. Copy of Client's Authority.
7. Copy of DOT#.
8. A signed W-9.
9. Proof of Insurance Certificates\*\*.

\*\*We require at least \$75,000 and at least \$75,000 in Cargo Coverage.

**2. RATE AGREEMENT (Please check plan preferred)**

- 9% Pay Per Load SEMI- Power Only
- 10% Pay Per Load SEMI- Dry Van, Reefer, Flat Bed, or Step deck
- 10% HotShot 35 foot-40 foot
- 12% HotShot 24 foot -30 foot
- 12% PART-TIME- part time trucks are charged more if you choose not to use us on every load. It takes time away from the dispatcher finding loads for full-time trucks.
- 14% PART-TIME Hotshot 24 foot- 30 foot

**3. EFFECTIVE DATE**

The Agreement shall be in effect upon the date signed by both parties to this Agreement and shall be in effect until the revocation of the Limited Power of Attorney or until notice is given by Company name. Client must send notification by e-mailing said Revocation Notice to [AshleyStidonsDispatching@yahoo.com](mailto:AshleyStidonsDispatching@yahoo.com).

**4. STATEMENT OF WORK**

**Lady and Son's Dispatching , LLC.** will:

1. Find freight that best matches profile for the Client.
2. Contact Client with load matches and go over options.
3. Fax to shipper/broker the Client's Authority, W-9, proof of insurance, and order insurance certificates if required, along with any other required supporting documentation upon the Client agreeing to take a load.
4. Handle the setting of appointments if necessary.
5. Provide the driver with all dispatch instructions for pickup, transit, and delivery.

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6. Assist with any problems that arise in the transit of the load when necessary if within our capabilities. The Client is responsible for own equipment. We can try to direct Client to a service that might be of help. Hold on to the dispatch, accessorial information, etc. until the load is completed. Once completed **Lady and Son's Dispatching, LLC.** will mail or fax all documents to the Client.
7. Forward the final load confirmation and mail all documentation to the Client, concluding that all services have been performed in full.

## 5. CONSIDERATION

The client agrees to pay **Lady and Son's Dispatching, LLC.** as per the agreed quotes and terms, as stated in Section 2 of this agreement. This agreed term rates will be required to be paid **Lady and Son's Dispatching, LLC.** as per the conditions of the agreement. A five (5) day grace period will be allowed before the account becomes overdue. At ten (10) days the account will be suspended and a reactivation fee of \$75 will apply in addition to any overdue fees. After 30 days the account may be placed for collection **Lady and Son's Dispatching, LLC.** will invoice Client as per the terms of the agreement via Email, U.S. Mail or faxing said invoice. Payment can be made to Business Name by PayPal, Google Wallet, and bank transfer.

## 6. ADDITIONAL PROVISIONS

Once service has concluded per Page 2 of Section 4 line 8 it will be the responsibility of the Client to handle directly with the shipping party any overages, shortages, damages, or billing and collections issues.

In no event will **Lady and Son's Dispatching, LLC.** be liable for any incidental, consequential, or indirect damages for the loss of profits, or business interruption arising out of the use of the service.

Client agrees to hold harmless, before, during and after the contract, all direct or indirect damages resulting from Client hauling of shipper's freight. This includes but is not limited to loading and unloading problems or issues, delays, overages, shortages, damages, and billing and collection issues and hours of services.

Client will be responsible for notifying **Lady and Son's Dispatching, LLC.** of changes to authority, insurance, client profile or ownership.

**Lady and Son's Dispatching, LLC.** will work within the established parameters of the Clients Company/Carrier Profile. **Lady and Son's Dispatching, LLC.** will notify Client of best-matched loads for approval prior to making haul commitment.

Business Name will fax/email all necessary documentation to the broker/shipper directly, along with final approval once Client or designated representative has approved load.

**Lady and Son's Dispatching, LLC.** will notify Client of load required qualifications or additional insurance necessary. **Lady and Son's Dispatching, LLC.** will furnish to Client necessary information for qualification of insurance required.

In the event that **Lady and Son's Dispatching, LLC.** books a load with the Client's approval and/or matching the Client's truck posting, the Client agrees to pay **Lady and Son's Dispatching, LLC.** as agreed in Section 2 of this Agreement for services rendered. NOTE: To avoid charges for unavailable equipment, it is imperative to notify **Lady and Son's Dispatching, LLC.** immediately if the truck is loaded from another source or no longer available for any reason. If Client does not give the proper notice that the truck is no longer available, Client may be subject to a \$80 fine that MUST be paid BEFORE we can accept any further opportunities for the truck.

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Client agrees that if a higher line haul rate is needed for the shipment, they will notify **Lady and Son's Dispatching, LLC.** BEFORE the load is secured. Once the Client tells the **Lady and Son's Dispatching, LLC.** they will accept the shipment at a specific rate, the verbal acceptance and the load is secured. Should the carrier back out or ask for more money after the load has been secured, there will be a penalty of \$100 for the first occurrence and \$200 for the second occurrence that MUST be paid before we can accept another load on the Client's behalf. If this happens more than twice (2), **Lady and Son's Dispatching, LLC.** has the right to terminate the agreement between **Lady and Son's Dispatching, LLC.** and the Client.

Client agrees that they will advise **Lady and Son's Dispatching, LLC.** in a timely fashion should the Client not be available for dispatch more than one (1) day at a time. (If Client is not working for any amount of time, please let us know ASAP so that we do not plan any loads for Client's truck.)

**7. DISCLAIMER**

**Lady and Son's Dispatching, LLC.** is NOT responsible for:

1. Billing Issues.
2. Load problems.
3. Advances. (All advances will have to be handled directly between Client and shipper/broker unless requested by Client.)
4. Handling and storage of paperwork. (All documents will be sent to Client unless other arrangements are made)
5. DOT compliance issues.
6. SPIKE INSURANCE

**8. GOVERNING LAW**

This agreement shall be governed by and construed in accordance with laws of the State of Georgia without giving effect to any choice of law or conflict of laws provision or rule (whether of the State of Georgia or state any other jurisdiction) that would cause the application of the laws of any jurisdiction other than those of the State of Georgia

**9. JURISDICTIONS AND VENUE**

**Lady and Son's Dispatching, LLC.** and Client hereby consent to and agree to submit to the jurisdiction of the Federal and state courts located in Hephzibah, GA in connection with any claims or controversies arising out of the Agreement.

**IN WITNESS WHEREOF,** the parties hereto have executed this Agreement as the first date written.

\_\_\_\_\_  
(Print Company Name)

\_\_\_\_\_  
(Print Company Name)

\_\_\_\_\_  
(Signature of Company Officer)

\_\_\_\_\_  
**(Lady and Son's Dispatching, LLC. Representative)**

\_\_\_\_\_  
(Print Company Officer's Name & Title)

\_\_\_\_\_  
(Print Representative Name & Title)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

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**AGREEMENT FOR DISPATCH SERVICES**

**ATTACHMENT "A"**

This attachment pertains to the selected level of service noted on Page 1 Section 2 of this agreement for \_\_\_\_\_ (Client) and will remain in effect until either Client requests to have a change in service, wishes to terminate this Service Agreement, or Client is canceled by **Lady and Son's Dispatching, LLC.** for cause.

**Percentage Rate Agreement:** This plan is detailed as a percentage of gross revenue rate plan, which is for services provided. This plan includes all services listed on Page 1 Section 4-line items 1 – 9 of this agreement. The cost of this plan is the percentage chosen of the gross revenue (excluding accessorials) per truck enrolled with **Lady and Son's Dispatching, LLC.** Invoices will be sent out weekly. Payment for this plan is to be made in full within 3 days of the invoice date. Payment can be made according to Page 2 Section 5 of this agreement.

**OTHER PROVISIONS:** Nonpayment pertaining to all service plans. There is a built-in grace period of 5 days after the due date. Client will then be notified on the outstanding payment. After 10 days past due the account is subject to suspension. If an account is suspended, the account must be paid current and is subject to a reinstatement fee of \$150.00 prior to the account being reactivated.

CARRIER \_\_\_\_\_ DATE \_\_\_\_\_

BY \_\_\_\_\_

**Lady and Son's Dispatching, LLC.**  
[AshleyStidonsDispatching@yahoo.com](mailto:AshleyStidonsDispatching@yahoo.com)  
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**Limited Power of Attorney Form**

Be it known, that \_\_\_\_\_ with an MC or DOT number of \_\_\_\_\_, has made and appointed, and by these presents does make and appoint Company Name, 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 Company Name, 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:

**Lady and Son's Dispatching, LLC.**  
[AshleyStidonsDispatching@yahoo.com](mailto:AshleyStidonsDispatching@yahoo.com)

COMPANY NAME: \_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

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

WITNESS

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

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

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**COMPANY 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 updated at any time by notifying us. This information is for our use only and will not be released to any third party without your express written permission.*

**PART 1: CARRIER INFORMATION SECTION**

COMPANY NAME: \_\_\_\_\_ DBA (If Any): \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MAIN CONTACT \_\_\_\_\_ E-MAIL \_\_\_\_\_

OFFICE PHONE \_\_\_\_\_ FAX \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ EMERGENCY PHONE \_\_\_\_\_

MC NUMBER \_\_\_\_\_ DOT NUMBER \_\_\_\_\_ EIN/SS \_\_\_\_\_

SCAC CODE \_\_\_\_\_ TWIC CERTIFIED \_\_\_\_\_ HAZMAT CERTIFIED \_\_\_\_\_

**PART 2: EQUIPMENT SECTION**

NUMBER OF TRUCKS: \_\_\_\_\_ COMPANY: \_\_\_\_\_ OWNER OPERATORS: \_\_\_\_\_ NUMBER OF TEAMS: \_\_\_\_\_

NUMBER OF TRAILERS: VAN: \_\_\_\_\_ REEFERS: \_\_\_\_\_ FLATBED: \_\_\_\_\_ RGN: \_\_\_\_\_ STEP DECK: \_\_\_\_\_ DD: \_\_\_\_\_

OTHER TYPES: \_\_\_\_\_

TRAILER SIZES: VAN: \_\_\_\_\_ REEFER: \_\_\_\_\_ FLATBED: \_\_\_\_\_ RGN: \_\_\_\_\_ STEP DECK: \_\_\_\_\_ DD: \_\_\_\_\_

**DETAILED DESCRIPTION OF EQUIPMENT (I.E. PALLETS, TARPS, OVERSIZE AND WEIGHT LIMITS):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART 3: SERVICE AREAS OF OPERATION (Check all that apply)**

United States:  All 48 states (USA)

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

Canada (list provinces) \_\_\_\_\_ Mexico \_\_\_\_\_



