

SHOWTIME TRUCKING ROUTES DISPATCHING

3000 S. Hulen Ste 124-872

Fort Worth, TX 76109

PHONE: (817)730-6579

EMAIL: showtimedispatching@gmail.com

DISPATCH SERVICE AGREEMENT

I _____, The Owner of &/or The Driver of Truck# _____ of (the carrier) a licensed Motor Carrier, MC#, _____ and/or DOT#, _____;

hereby grants authorization to **Showtime Trucking Routes Dispatching Services** to act as my agent for the sole purpose of searching for and booking shipments, processing all brokerage paperwork and obtaining Certificates of Insurance as required in order to expedite shipments and dispatch via telephone, fax or e-mail for my truck, Unit#, License Plate#, _____, in

the state of, _____ All billing, invoicing and collections of revenue from customers, brokers, shippers, consignees, etc- are the sole responsibility of the carrier. If revenue for a shipment or shipments are uncollectible, **Showtime Trucking Routes Dispatching Services** will be held harmless and no penalty or deduction of fees will be made. The carrier agrees to maintain all proper licenses and permits to conduct business as a motor carrier in the area of intended operation. Additionally, Carrier agrees to maintain liability and cargo insurance at the amounts set forth by the home state of the carrier.

Showtime Trucking Routes Dispatching Services will be held harmless in the event of any and all claims, Carrier agrees to maintain an account with (an internet load board service), in the name of the carrier, with **Showtime Trucking Routes Dispatching Services** as the point of contact for dispatching purposes.

The fee for dispatch services will be **10%** of the gross revenue of each shipment with no minimum charge.

As loads are picked up, an amount equal to the above stated percentage will be payable to: **Showtime Trucking Routes Dispatching Services**. Payments are to be conveniently paid with any Debit or Credit Card via Zelle

or Email Invoice App.

Please provide your SMS Cell # & Your Email Here: _____

Either party has the right to end this agreement without cause at any time with seven (7) days' notice by written request. Upon cancellation, any remaining balances owed will be charged to the carrier within two (2) business days without penalty.

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

Company:

Signature: _____ Date: ____/____/____

Print name:

Consent *

I authorize **Showtime Trucking Routes Dispatching Services** to complete all broker Carrier Packets and Rate Confirmations on my behalf.

I consent to having the Carrier Packets and Rate Confirmations completed by **Showtime Trucking Routes Dispatching Services**.

OTHER DOCUMENTS NEEDED

Please email copies of your CDL, W9, MC Authority letter and Certificate of Insurance to showtimedispatching@gmail.com THANK YOU!

Dispatcher: Showtime TR Dispatching Services _____

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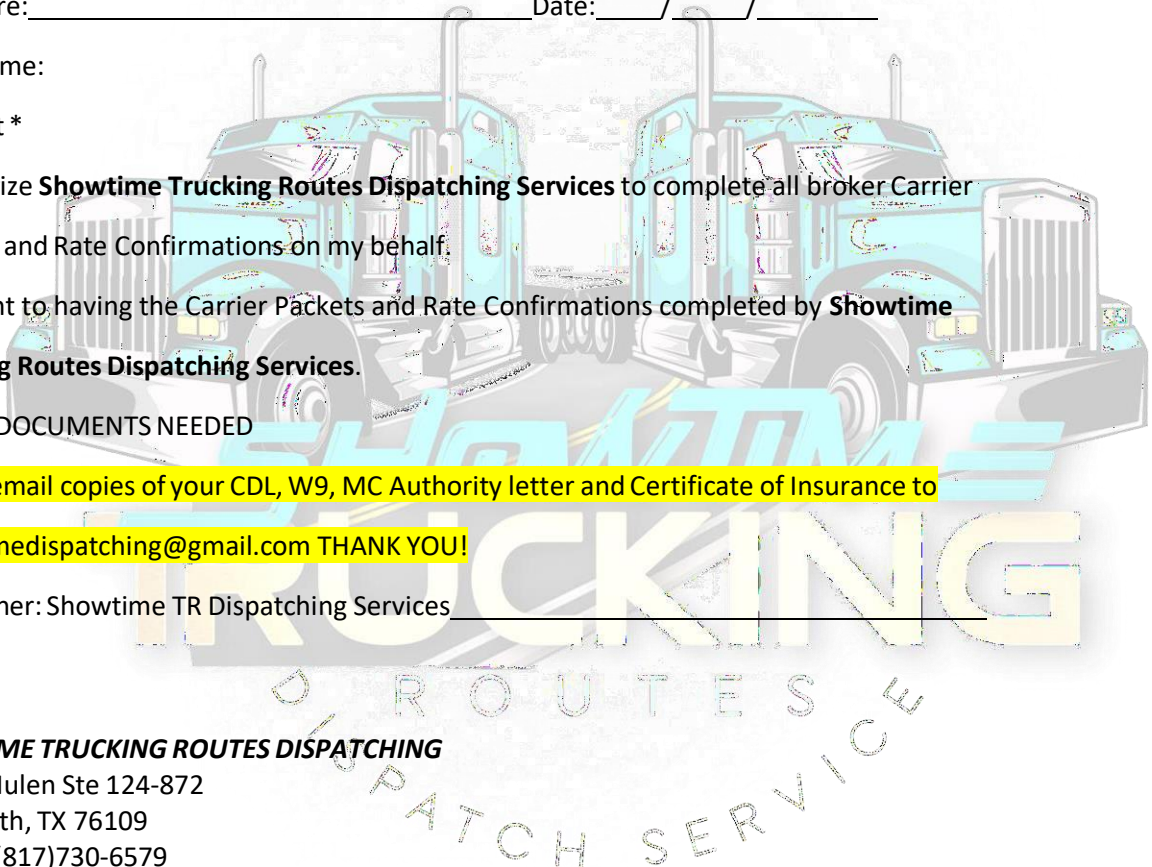
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DISPATCHER: EBONI



LIMITED POWER OF ATTORNEY FORM

I _____ with an MC or DOT number of _____ has made and appointed, Showtime Trucking Routes Dispatching Services, 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 Showtime Trucking Routes Dispatching Services, 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: Showtime Trucking Routes Dispatching Services showtimedispacting@gmail.com.

CARRIER/TRUCKING COMPANY NAME: _____

Signature: _____

Printed Name: _____

Title: _____

Date: _____

WITNESS (Witness for Carrier) Signature: _____

Printed Name: _____

Date: _____

