STR8 FLOW LOGISTICS

Dispatch Service Agreement

| I | , The owne | r operator is a licensed Motor Carrier, |
|---------------------------|---|---|
| | | hereby grants STR8 Flow |
| Logistics email: S | upport@str8flowlogistics.com | n authorization to act as my dispatcher for |
| the sole purpose of | f searching for and booking sl | hipments, processing all brokerage |
| • • | • | ice as required in order to expedite |
| • | * | nail for my truck, , All billing, invoicing |
| | - | kers, shippers. Consignees, ETC, are the |
| • | - | pment or shipments is uncollectible STR8 |
| | | enalty or deduction of fees will be made. |
| • | * * | s and permits to conduct business as a |
| | • | Additionally, the carrier agrees to |
| • | | ounts set forth by the home state of the |
| | | nless in the event of all claims. The |
| • | ` | nternet load board service), in the name |
| of the carrier, with | STR8 Flow Logistics as a p | oint of contact for dispatching purposes. |
| | | |
| The fee for dispa | atch services will be_7 <u>%</u> o | of the gross revenue of each |
| shipment with n | o minimum charge. As loa | ds are picked up, an amount equal to the |
| above stated perce | ntage will be payable to STR | 8 Flow Logistics Payments are |
| conveniently paid | with any debit or credit card | Via Text or Email Invoice App, Processed |
| by STR8 Flow Lo | gistics Invoice Processing. | |
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| | ~ · · · · · · · · · · · · · · · · · · · | |
| EMAIL ADDRES | S YOU WOULD LIKE INVO | DICE TO BE SENT TO: |
| | | |

CARRIER PROFILE

| Company (DBA) | | | | _ |
|-----------------------------|--------|-----------------|----------------|------------------|
| Address: | | | | _ |
| City: | | ST | ZIP | _ |
| Contact: | | PHONE #: | | |
| EMAIL: | | FAX# | | |
| MC# | DOT# | EIN#_ | | - |
| SCAC# | TWIC # | НА | ZMAT# | |
| CDL | | | | |
| FΩ | UIPMEN | JT CIIN | MMADX | 7 |
| | | | | |
| PLEASE SPECIA GVWR,WINCH | | LER TYPE, BE VE | RY DETAILED AS | POSSIBLE (LENGTH |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

TRUCK OPERATION FORM

TRUCK DRIVERS' INFORMATION

| TRUCK # | TRAILER# | ТҮРЕ | MAX WEIGHT | DRIVER | CELL |
|---------|----------|------|---------------|--------|------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

LIST ALL LOAD BOARD USERNAME & PASSWORDS IN THIS SPACE BELOW

| LOADBOARD WEBSITE | USERNAME | PASSWORD |
|-------------------|----------|----------|
| | | |
| | | |
| | | |
| | | |
| | | |

| PLEASE INDICATE AREAS OF OPERATION | |
|------------------------------------|--|
| | |
| | |

| ADDITIONAL PREFEREN | CES: | | |
|-----------------------------|--------------------------------------|------------------|-------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| FACTORING INFORMATI | ON | | |
| FACTORING | WEB | | |
| ADDRESS: | CITY | ST | ZIP |
| CONTACT: | EMAIL: | | |
| | | | |
| | | | |
| NSURANCE INFORMATI | ON | | |
| Please provide us with your | insurance contact information, wh | nere we can requ | est a certificate |
| nsurance with specific hold | ers. (i.e., brokers and or shippers) | | |
| INSURANCE | WEB | | |
| ADDRESS: | CITY | ST | ZIP |
| CONTACT: | EMAIL: | | |
| PHONE: | FA X: | | |

REQUIREMENTS:

The carrier must provide **STR8 Flow Logistics** the following documents implementation of the agreement.

- Dispatch Carrier Agreement completed, dated and signed.
- A Copy of Client Certificate of Authority (MC Permit)
- A signed W-9 form
- Voided Check

RELATIONSHIP:

The relationship of CARRIER to DISPATCH shall, always, be that of an independent contractor. Dispatcher agrees to solicit and offer freight transportation shipments for Carrier from and to such locations between services may be required, subject to the availability of suitable equipment.

A. TERMS OF THE DISPATCHER:

• The Dispatcher agrees to handle paperwork, phone and fax to and from the Broker or Shipper to tender commodities or shipments to Client for transportation in interstate commerce by Client between points and places within the scope of Client's operating authority.

Either party has the right to end this agreement without cause at any time by seven (7) days.

| and the terms of the agreement. |
|---------------------------------|
| Date; |
| |
| |

LIMITED POWER OF ATTORNEY

| This Limited Power of Attorney (the AGREEMENT) is made effective on (date) |
|---|
| between: STR8 Flow Logistics hereinafter called DISPATCH a company established under the laws |
| of the United States of America, and |
| Hereinafter called CARRIER, motor carrier company with MC#. |
| And/or DOT# CARRIER hereby appoints DISPATCH as my |
| ATTORNEY-in-Fact (AGENT). DISPATCH's agents shall have full power and authority to act on my |
| behalf. This power and authority shall authorize DISPATCH to manage and conduct affairs and to |
| exercise all my legal rights and powers, including all rights and powers that I may acquire in the future. |
| This Power of Attorney shall be construed broadly as General Power of Attorney. The listing of specific |
| powers are not intended to limit or restrict the general powers granted in this Power of Attorney in any |
| matter. DISPATCH shall not be liable for any loss that results from judgment of the error that was made |
| in good faith. However, STR8 Flow Logistics 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 to STR8 |
| Flow Logistics indemnify and hold harmless any third party who accepts and acts under this |
| document. This Power of Attorney shall become effective immediately and shall remain in full force and |
| effect until revoked by me in writing. Such revocation is to be sent via e- mail at ten (10) business days |
| in advance. IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the |
| date below: |