

POWER OF ATTORNEY

Be It Known, that I, authorized representative of _____ (“Client”) a licensed motor carrier, MC# _____, in the State of _____, do hereby grant “Limited Power of Attorney” to the authorized representative(s) of Safe Loads Dispatch, LLC (“Agent”) located in Columbia, Maryland, as a Dispatch Service for the sole purpose of securing freight, processing all brokerage agreements, processing freight invoice(s) and or bill of lading, obtaining Certificates of Insurance as required to expedite shipments, and all other services as outlined in the Safe Loads Dispatch-Carrier Agreement between Client and Agent.

For purposes of facilitating this authorization, Safe Loads Dispatch assumes the contracted position of “Dispatch Service” for said company.

This authorization will remain in effect until terminated in writing by either party. The affiant being duly sworn affirms and says that he or she is the signer(s) of the foregoing power of attorney, and that he or she has read the foregoing power of attorney and understands its contents.

Motor Carrier Name: _____

Authorized Party: _____

Signature: _____

Date: ____ / ____ / ____