

Carrier Dispatch Service

Minneapolis, MN 55422

763.445.9004 /763.270.8144

AGREEMENT FOR DISPATCH SERVICES

Thank you for your interest in using our service as your dispatch and company support. We are here to develop long term Relationships with our clients, YOU!

Clients must, prior to the implementation of this agreement, furnish to Carrier Dispatch Service, the following information:

1. A Signed Copy of the Agreement/Profile
2. Copy of Your MC Authority & Signed W9 Form
3. Copy of Insurance Certificate
4. Notice of Assignment by Factoring Company (NOA)

WEEKLY FEE RATE: **** A 5% Fee Per Load or take advantage of our weekly rate!

_____ **\$ 50 .00 Flat Weekly Rate**(Paperwork & Billing Only for Vans, Flatbeds, Reefers & Hotshot etc)

_____ **\$250.00 Flat Weekly Rate**(Load search and paperwork for for Vans, Flatbeds, Reefers & Hotshot etc)

_____ **\$200 .00 Flat Weekly Rate**(Paperwork, Billing Only, Load search and Documentation)

*** (The rates above are for load dispatching, credit checks, insurance certificate requests, filling out contracts, signing rate sheets, load issues, and POD transfers)***

Client agrees to prepay the amount due for each week services are provided. The week begins with the first day of service. Client understands that Redeemed will perform reasonable services for the agreed amount and will provide a supporting document of all loads booked for the week.

Client Initial _____ (By Initialing, the client understands and agrees to the terms above)

Carrier Name: _____

MC #: _____

Client Signature: _____

Date: _____

WELCOME TO OUR FAMILY

Below Are Some Of The Benefits Of Being Part Of Our Group:

- All clients will have one person as their operations manager.
- All clients are free to choose the loads they want to move.
- All clients will receive professional, quality, treatment from us.
- All client 100% control of their business, 100% of the time.
-
-
-

*Offices are closed on Sunday except for emergency purposes only.

Below Are Requirements To Be Part Of Our Group:

Have an active MC #
Have \$1,000,000 Auto Liability Insurance
Have \$1,000,000 Gen. Liability Insurance (Optional)
Have \$100,000 Cargo Insurance
Do not have Restrictive Insurance
No Major OOS Violations
Have a FMCSA score less than 75.
No Complaints on Carrier 411 or Truckstop.com
Have a factoring company
Must be professional and service oriented
Must be dependable
Must be honest
Must have good communication

Simple Agreement Acknowledgement

BE I T KNOWN, _____, with an MC Number of _____, has given Ironbridge Freight Logistics , full authorization to handle all matters in securing freight for my company and handling all paperwork associated with this authorization. This a u t horization specifically contracts us as your "operations manager" with that title being used on all legal contracts, and will remain enforced until either party terminates this agreement.

All services are prepaid and must be paid for services from Monday to Monday. If client wants to cancel services, they can do so at any time, however, services for the week paid will continue to the end of the paid week. Carrier understands that there is no refund for the services performed

It is the client's responsibility to notify IFN with 24 hours of the new week to cancel or suspend services for the next week. If client fails to do so, a credit for the next week will appear, but no refund will be given.

Carrier understands that there is no guarantee of same rate fee for service if service is cancelled and re-subscribed,

Hold Harmless. Carrier client shall indemnify IFN (including their respective employees and agents) and hold IFN 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 Agreements 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.

This is a non-binding agreement for dispatch services with your 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: _____

Print

Sign

Date

Title

Client Information Profile Sheet:

For Best Service, Please Fill Our As Complete As Possible

Company Name: _____
Company Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Contact: _____
Alt Phone Number: _____ Fax Number: _____
Email Address: _____
MC#: _____ DOT#: _____ TAX ID#: _____

Driver Information

Driver Name: _____ Driver Cell #: _____
Truck #: _____ Truck Plate #: _____ Year: _____ Make: _____
Trailer #: _____ Trailer Plate #: _____ Year: _____ Make: _____
Type of Trailer: (Please Check) Flatbed ___ Stepdeck ___ Dry Van ___ Reefer ___ Power ___
Maximum Weight Hauled: _____ Length of Trailer: _____ Size of Tarps: _____

Checklist

Check All That Apply (Checking Means Yes)

General Information

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Want To Be Home Every Weekend? |
| <input type="checkbox"/> | Will You Travel To NYC/Northeast? |
| <input type="checkbox"/> | You Can Go To California |
| <input type="checkbox"/> | You Have a TWIC Card |
| <input type="checkbox"/> | You Can Haul Military Freight |
| <input type="checkbox"/> | You Have PPE Gear |
| <input type="checkbox"/> | You Have Electronic Logs |
| <input type="checkbox"/> | You Have Paper Logs |
| <input type="checkbox"/> | You Are An OOIDA Member |
| <input type="checkbox"/> | You Are TEAM Drivers |
| <input type="checkbox"/> | Your Insurance Is Thru OOIDA |
| <input type="checkbox"/> | You Have HAZMAT On Your License |
| <input type="checkbox"/> | You Have TANKERS On Your License |
| <input type="checkbox"/> | Your FMCSA Score Is Clean |
| <input type="checkbox"/> | You Use CamScanner |
| <input type="checkbox"/> | You Have \$1 MIL General Liability Insurance |

Equipment Info

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Your Step Deck Has Ramps |
| <input type="checkbox"/> | You Have Winter Tire Chains |
| <input type="checkbox"/> | You Have 4' Foot Drop Tarps |
| <input type="checkbox"/> | You Have 6' Foot Drop Tarps |
| <input type="checkbox"/> | You Have 8' Foot Drop Tarps |
| <input type="checkbox"/> | You Have Chains & Binders |
| <input type="checkbox"/> | You Only Have Straps (Flat/Step Loads) |
| <input type="checkbox"/> | You Have Dunnage (Flat/Step Loads) |
| <input type="checkbox"/> | You Have a Food Grade Trailer (Van) |
| <input type="checkbox"/> | You have 2 Straps/2 Load Locks (Van Loads) |
| <input type="checkbox"/> | You Can Haul Containers (Power Only) |
| <input type="checkbox"/> | You Can Haul Ice Cream (Reefer Loads) |
| <input type="checkbox"/> | Your Reefer Can Cool to -10 Degrees |
| <input type="checkbox"/> | Your Reefer has a Chute |
| <input type="checkbox"/> | You Can Do Over-Dimensional Loads |
| <input type="checkbox"/> | You Want To Earn \$\$\$ For Referring Drivers |

You Use a Factoring Company

If Yes, Which One?: _____

Thanks For Taking The Time To Complete This Form
