



23 Pineneedle Court, Sumter, SC 29150

Phone: 803-795-5306 / Fax: 803-340-0595

Email: loyaltydispatch1@gmail.com

## DISPATCHER-CARRIER AGREEMENT

This Agreement between \_\_\_\_\_ an authorized motor carrier, MC#  
located at \_\_\_\_\_ (Address)

\_\_\_\_\_(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip), Hereinafter referred to as Named Carrier,  
and LOYALTY DISPATCHING & LOGISTICS, LLC, a South Carolina limited liability company (Dispatcher).

The transportation service provided by CARRIER for Shippers/Brokers is contract carriage between the CARRIER and Freight Shippers/Brokers and not between DISPATCHER. DISPATCHER is not a broker nor acting as a broker to the CARRIER.

Both DISPATCHER and CARRIER enter into this Agreement for the purpose of providing and receiving specified professional dispatch services under specified rates and conditions. DISPATCHER and CARRIER deem it essential to their respective interest to establish and maintain an Independent Contractor relationship in the execution and performance of this agreement.

NOW THEREFORE, for and in consideration of the mutual covenants and undertakings herein, and subject to the terms and conditions hereinafter set forth, the Parties hereto warrant, covenant, and agree as follows:

CARRIER desires to retain DISPATCHER by executing a Limited Power of Attorney to find, negotiate, and procure freight and to dispatch CARRIER's equipment at the following rate of 10% per load. It is understood by both parties that LOYALTY DISPATCHING & LOGISTICS, LLC will invoice Named Carrier each week for all loads accepted by Named Carrier and Named Carrier will remit payment to LOYALTY DISPATCHING & LOGISTICS, LLC upon receipt of invoices.

No amendments can be added, nor any item deleted from this agreement unless in writing and agreed to by both parties, signified by notarized copy to each party.

Accepted on this \_\_\_\_ day of \_\_\_\_\_ 20\_\_ .

(Dispatcher) \_\_\_\_\_ - \_\_\_\_\_

(CARRIER) \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_



CARRIER must, prior to the implementation, of this agreement furnish to DISPATCHER the following:

1. A signed Limited Power of Attorney form
2. This AGREEMENT form completed and signed
3. Copy of CARRIER's Motor Carrier Authority
4. Copy of Insurance Certificate.
5. A current, signed W-9
6. Company Profile Sheet (including a list of three established references)
7. Cell phone or contact phone number and name of main company contact



## LIMITED POWER OF ATTORNEY

This Limited Power of Attorney is made and entered into on \_\_\_\_\_ (Date) by and between LOYALTY DISPATCHING & LOGISTICS, LLC, a division of LOYALTY DISPATCHING & LOGISTICS, LLC a South Carolina limited liability company ("Dispatcher") and \_\_\_\_\_ Carrier Name\*, a Registered Motor Carrier with its principal office at \_\_\_\_\_ (Street Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) , ("Carrier"); collectively referred to as the "Parties".

- The CARRIER hereby appoints and authorizes LOYALTY DISPATCHING & LOGISTICS, LLC, to act and speak on its behalf as pertaining to: Professional Dispatch Services. LOYALTY DISPATCHING & LOGISTICS, LLC shall have the power to:
- Contact shippers and brokers, negotiate rates, and procure agreed upon freight for carrier.
- Sign and execute broker contracts and rate confirmations for freight.
- Transfer paperwork as it pertains to each load (broker contracts, rate confirmations, BOLs, PODs, lumper receipts and any other relevant documents) to move cargo for shippers and/or brokers.
- Transfer company credentials (carrier profile, MC Certificate, W-9, certificate of insurance, and any other relevant documents) to move cargo for shippers and/or brokers.
- Submit load documents for payment (invoices, rate confirmations, BOLs, PODs, lumper receipts, and any other load documents) to shippers, brokers, and/or carrier's current factoring company), if requested.
- Submit fuel advances, follow up on accounts receivable, make collection calls/emails, assist with claim resolutions, if requested.
- Request trip and oversize, overweight, and over-dimensional permits, if requested.
- Processing FMSCA documents (compliance, safety audits etc.), if requested.

IN WITNESS WHEREOF, the parties hereto have executed this AGREEMENT on the date below and it shall remain in effect until terminated by either party

**Company Name** \_\_\_\_\_

**Printed Name** \_\_\_\_\_

**Title** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

# CARRIER PROFILE

Owner Full Name

First Name \_\_\_\_\_ Last Name\_ \_\_\_\_\_

Company Name\_\_\_\_\_

Physical Address\*

Street Address\_\_\_\_\_

Street Address Line 2\_\_\_\_\_

City\_\_\_\_\_

State\_\_\_\_\_

Zip Code\_\_\_\_\_

Mailing Address (if different from above)

Street Address\_\_\_\_\_

City\_\_\_\_\_

State\_\_\_\_\_

Zip Code\_\_\_\_\_

Phone Number Listed with DOT\*

Area Code Phone Number\_\_\_\_\_

Cell Phone Number\*

Area Code Phone Number\_\_\_\_\_

Email\*\_\_\_\_\_

MC Number\*\_\_\_\_\_ DOT Number\*\_\_\_\_\_

SCAC Code\*\_\_\_\_\_

FEIN\*\_\_\_\_\_



## FACTORING COMPANY INFORMATION

Name\_\_\_\_\_

Address\*

Street Address\_\_\_\_\_

City\_\_\_\_\_

State\_\_\_\_\_

Zip Code\_\_\_\_\_

Name Of Account Representative\_\_\_\_\_

Representative's Phone Number\_\_\_\_\_

Representative's Email\_\_\_\_\_

