



Fortune Logistics LLC
Dispatcher to Carrier Agreement

This Agreement is made on this ____ day of _____ by and between "Fortune Logistics", hereafter referred to as DISPATCHER, and _____ referred to as CARRIER. DISPATCHER is a transportation dispatcher handling the necessary paperwork between SHIPPERS and/or BROKERS and the CARRIER in order to secure "Freight" for said CARRIER. WHEREAS, CARRIER is a Motor CONTRACT Carrier subject to the jurisdiction of the ICC: NOW, THEREFORE, in consideration of the promises and covenants hereinafter contained it is mutually agreed by and between parties' hereto as follows:

1. DISPATCHER agrees to handle paperwork, phone calls, and faxes from the BROKER or SHIPPER to tender commodities shipments to CARRIER for transportation in interstate commerce by CARRIER between points and places within the scope of CARRIER'S operating authority. 2. DISPATCHER bears no financial or legal responsibility in the transaction between the SHIPPER or Broker and you the CARRIER.

A. make 100% effort to keep truck(s) loaded. B. CARRIER will be contacted (by phone call/text/email) about EVERY load we find to offer, and the driver will ACCEPT or REJECT the load. C. Invoice the CARRIER at time of service; also provide a copy of each Load Confirmation Sheet. D. Payment is due to DISPATCHER at time of invoice.

1. CARRIER agrees to pay flat rate fee of 8% per load. Which will be billed and due upon receipt of each rate confirmation the first week and every Sunday thereafter. 2. CARRIER gives DISPATCHER authority to provide his signature for rate confirmation sheets, invoice and associated paperwork necessary for securing cargo and billing purposes. The terms of this agreement shall be continuous, provided that either party may terminate the same by giving 30 days written notice

3. SHIPPER agrees to pay CARRIER promptly, following receiving the invoice. The amount to be paid by SHIPPER to CARRIER shall be established between parties on a per shipment basis prior to commencement of each individual shipment. A load confirmation including details of shipment and revenue to be paid will be supplied via FAX or EMAIL by SHIPPER/BROKER/DISPATCHER to CARRIER.

Confirmation will be signed by DISPATCHER and returned via FAX or EMAIL to SHIPPER/ BROKER. Payments are due to the DISPATCHER for services rendered are not contingent on outstanding payments due to the CARRIER for loads that he/she has hauled for the SHIPPER OR BROKER. Failure to pay the DISPATCHER for services rendered will result in termination of contract and services immediately unless otherwise determined by the DISPATCHER. "Fortune Logistics, LLC" By: Sereda Ruffin Title: Owner/ C.E.O.

Date

Month Day Year

TITLE

Print name

CARRIER

Date

Month Day Year

We will also need the following from your company to start working for you! 1. A completed W9 Form. We have one you can fill out if you don't have one. 2. A Copy of your Motor Carrier Authority Form. 3. A Copy of your Insurance Certificate.

CARRIER/COMPANY PROFILE FORM

Instructions: Please complete this form giving us all the information that pertains to you and your company. The better informed we are, the better we will be able to assist you. This form can be updated at any time by notifying us. This information is for our use only and will not be released to any third party without your express written permission.

PART I: CARRIER PROFILE INFORMATION SECTION:

COMPANY

DBA If Any

Address

MAILING ADDRESS

CITY

STATE

ZIP

MAIN CONTACT

FAX

OFFICE PHONE

CELL

EMERGENCY CONTACT

PHONE:

WEBSITE IF ANY

WEBSITE IF ANY

DOT

MC

SSNEIN

TWIC CERTIFIED

HAZ MAT CERTIFIED

PART 2: EQUIPMENT SECTION:

(For more than one truck use the multiple truck form)

VAN EQUIPMENT:

48' VAN:

53' VAN:

PART 4: FACTORING INFORMATION:

If you use a factoring service, please provide us the following information. This will ensure that we only use brokers that approved by your factoring company.

FACTORING COMPANY NAME

CONTACT

PHONE

FAX

WEBSITE

BILLING ADDRESS

CITY

STATE

ZIP CODE

PART 5: INSURANCE INFORMATION

Please note: We do require our carriers to maintain a minimum of \$1 Million in liability and \$100,000.00

INSURANCE COMPANY

CONTACT

PHONE

FAX

EMAIL

example@example.com

ADDRESS

CITY

STATE

ZIP CODE

PART 6: OTHER INFORMATION:

PLEASE USE THE FOLLOWING SECTION TO BETTER DESCRIBE YOUR COMPANY THAT WE HAVE NOT

ALREADY ASKED FOR. Office Use Only:

Comments