

BE PART OF OUR TEAM!

# SQUARE BIZ LOGISTICS,LLC

Let's talk business. Let's talk Square Biz!

---

**DISPATCH + CARRIER  
AGREEMENT**



## **DISPATCH + CARRIER**

### **AGREEMENT**

Thank you for choosing the Square Biz Logistics team and making us a partner in your success! You have made one of the best investments in business and that's investing back into your company. Here at SBL, our goal is to:

- Minimize "deadhead" by strategically mapping out your loads
- Increase profits by searching for good quality paying loads
- And keeping you safe on the road by handling the ins and outs of paperwork and negotiating rates, so you can just focus on keeping those wheels turning

However, our services do not end there. They can be customized to your individual needs as we provide 24/7 service support and you also have the option of taking advantage of our virtual administrative assistant. The virtual admin comes in handy when you're in need of paperwork faxed, signed and mailed on your behalf during those long days on the road.

Our company's objective is to design a pro-active logistic plan a week in advance, based on CARRIER'S territory preference. The plan is influenced by the current situation on the market and/or region, in order to take advantage of the most profitable loads. Our logistics coordinators (dispatchers) will find loads that best matches CARRIER's preference, and communicate such options with CARRIER and/or its driver(s). Once CARRIER agrees to accept the load, DISPATCH will send all necessary and required supporting documents to broker/shipper. Once the load confirmation is received, it is forwarded to CARRIER, for their records. DISPATCH agrees to "assist" CARRIER with any load issues, road assistance, paperwork, and/or billing issues.



**DISPATCHER + CARRIER AGREEMENT**

This agreement made as of this day \_\_\_\_\_ of 20\_\_\_\_ by \_\_\_\_\_ and between Square Biz Logistics, LLC hereafter referred to as "DISPATCHER" \_\_\_\_\_ hereafter referred to as "Carrier"

WHEREAS, Dispatcher is a transportation dispatching service handling the necessary paperwork between SHIPPERS and the CARRIER in order to secure "LOADS/CARGO/SHIPMENTS" for said CARRIER.

WHEREAS, Carrier is a Motor Contract Carrier subject to the jurisdiction of ICC: NOW, THEREFORE, in consideration of the promises and covenants hereinafter contained it is mutually agreed by and between parties here to as follows:

**1. DOCUMENTS:**

CARRIER must furnish DISPATCH with the following documents prior to the implantation of this agreement, via email at [Crystal-Terrell@squarebizlogistics.com](mailto:Crystal-Terrell@squarebizlogistics.com)

- \_\_\_\_\_ Dispatch Carrier Agreement
- \_\_\_\_\_ Copy of Client's Authority (MC Permit)
- \_\_\_\_\_ Credit Card Authorization Form
- \_\_\_\_\_ A signed W-9 form
- \_\_\_\_\_ Copy of Owner Operator's license and Driver's License
- \_\_\_\_\_ Limited Power of Attorney form
- \_\_\_\_\_ Certificate of Insurance listing DISPATCH as Certificate Holder

\*\*We require at least \$1,000,000 and at least \$100,000 in Cargo Coverage.

**2. RELATIONSHIP**

The relationship of CARRIER to DISPATCH shall, at all times, be that of an independent contractor. DISPATCH agrees to solicit and offer freight transportation shipments for CARRIER from and to such locations between services may be required, subject to availability of suitable equipment. DISPATCH shall be the agent for CARRIER for searching for loads, booking them, dispatching, and handle all paperwork directly with the broker and/or shipper, including advances and any load problems.



**OBLIGATIONS OF DISPATCHER:**

- a. DISPATCHER agrees to handle paperwork, phone calls, facsimile to, from the BROKERS or SHIPPERS to tender commodity shipments to CARRIER for transportation in interstate commerce by CARRIER between points and places within the operating authority of the CARRIER
- b. DISPATCHER bears no financial or legal responsibility in the transaction between SHIPPER/BROKER and CARRIER agreement
- c. BILLING/INVOICING AND COLLECTIONS of revenue from customers, brokers, shippers, consignees, etc. are the sole responsibility of the CARRIER. If revenue for a shipment is uncollectible Square Biz will be held harmless and no penalty of deductions of fees will be made
- d. DISPATCHER will be held harmless in the event of any and all insurance or other claims
- e. DISPATCHER will make 100% effort to keep the truck or trucks loaded
- f. DISPATCHER will contact CARRIER about EVERY load we find to offer, giving the CARRIER the option to ACCEPT or DECLINE the load. No FORCED LOADS
- g. CARRIER cannot try to offer any of the dispatchers that work for Square Biz Logistics money and or rewards to dispatch for their company for a lessor rate. CARRIERS agree to a NON-COMPETE or a \$2,000.00 FINE will apply and or court action and all fees required to go to court will be CARRIERS responsibility to pay fees.

\_\_\_\_\_ DISPATCHER INITIAL

\_\_\_\_\_ CARRIER INITIAL



**OBLIGATIONS OF CARRIER:**

a. CARRIER AGREES to pay a fee per load in the amount of (Please check plan preferred)

[ ] 7% Pay Per Load SEMI – Power Only

[ ] 9% Pay Per Load SEMI – Dry Van, Reefer, Flat Bed or Step Deck

[ ] 9% Pay Per Load HotShot 35-40ft

[ ] 10% Pay Per Load HotShot 24-30ft

1. CARRIER grants DISPATCHER authority to provide his/her signature for rate confirmation sheets and associated paperwork necessary for securing cargo for CARRIER
2. This agreement shall be perpetual, provided that either party may terminate said contract by giving a 30 days written notice to each other
3. CARRIER has the obligation of REJECTING OR ACCEPTING LOADS/SHIPMENTS/CARGO offered by the DISPATCHER, in case of ACCEPTING said LOADS/SHIPMENTS/CARGO the CARRIER will pay for services rendered even if the CARRIER from its own fault (except natural disasters and truck/trailer breakdown with proof) cannot pick up shipment/cargo/load.
4. CARRIER agrees to make available the following documents for dispatching purposes:
  - MC (MOTOR CARRIER AUTHORITY FORM)
  - W-9 SIGNED AND DATED RECENTLY
  - COPY OF ACTIVE INSURANCE
  - LETTER OF AFFILIATION WITH FACTORING COMPANY (if avail) also known as NOA LETTER

CARRIER \_\_\_\_\_

DISPATCHER \_\_\_\_\_

DATE \_\_\_\_\_

DATE \_\_\_\_\_

BY \_\_\_\_\_

BY \_\_\_\_\_

\_\_\_\_\_ DISPATCHER INITIAL

\_\_\_\_\_ CARRIER INITIAL



**3. COMPENSATION**

The amount due to DISPATCH, will be automatically deducted from a Debit/Credit Card provided by CARRIER on this agreement. By the end of the business day of receiving the load confirmation from BROKER/SHIPPER, DISPATCH will charge the Debit/Credit Card on file for the agreed service rendered. In case the load gets cancelled by the BROKER/SHIPPER for any reason, CARRIER will receive credit for the amount of the load in question for future loads. However, if the load gets canceled by the CARRIER for any reason (i.e. breakdown, etc) CARRIER will not receive credit for the load in question. On the other hand, CARRIER will be compensated directly from the SHIPPER/BROKER handling the load or from a factoring company chosen by CARRIER

**4. BILLS OF LADING**

Each shipment will be evidenced by a bill of lading issued by other brokers/shippers. Such bills of lading or receipts or invoices are however, for the sole purpose of evidencing receipt for the goods.

**5. EQUIPMENT**

CARRIER agrees to provide, operate and maintain in good working condition, motor vehicles and all allied equipment necessary to perform the Transportation Schedule in a safe, efficient and economical manner.

**6. DRIVERS**

CARRIER agrees to provide properly qualified, trained and licensed drivers and other personnel to perform the transportation and related services under the Agreement and each transportation schedule in a safe, efficient and economical manner. CARRIER'S are expected to conduct themselves in a professional manner at all times and shall ascertain and comply with all of Customer's facility rules and regulations while on Customer's premises.

**7. FREIGHT LOSS, DAMAGE OR DELAY**

CARRIER shall have the sole and exclusive care, custody and control of the SHIPPER'S property from the time it's picked up for transportation, until it is delivered to the destination. CARRIER assumes the liability of a common carrier for loss, delay, damage, or destruction of any and all of the SHIPPER'S goods or property while under the CARRIER'S care. Payments by CARRIER to DISPATCH or its customer, pursuant to the provisions of this section, shall be made within thirty (30) days following receipt by CARRIER of DISPATCH'S or customer's invoice and supporting documentation for the claim.

**8. ADDITIONAL PROVISIONS**

In case of insufficient funds or credit card decline, there is a built in grace period of seven (7) days after the due date, before the account is subject to suspension. In which case, to get reinstated the account must be paid current and subject to \$100 reinstatement fee

**DISPATCH:**

**CARRIER:**

**SIGNATURE** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



### 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) \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL : \_\_\_\_\_ Fax: \_\_\_\_\_

MC# \_\_\_\_\_ DOT# \_\_\_\_\_ EIN/SSN# \_\_\_\_\_

SCAC# \_\_\_\_\_ TWIC# \_\_\_\_\_ HAZMAT # \_\_\_\_\_

#### EQUIPMENT SECTION

NUM OF TRUCKS \_\_\_\_\_ [COMPANY \_\_\_\_\_ + OWNER OPERATOR \_\_\_\_\_]

NUM OF TRAILERS: \_\_\_\_\_ VAN \_\_\_\_\_ REEFER \_\_\_\_\_ FLATBED \_\_\_\_\_ OTHER \_\_\_\_\_

#### ADDITIONAL INFO:

---

---

---

---

---



**TRUCK & DRIVER(S) INFO:**

TRUCK #	TRAILER #	TYPE	YEAR	DRIVER	PHONE

**SERVICE AREAS OF OPERATION** (please circle all that apply)

**48 States** \_\_\_\_\_

- |    |    |    |    |    |    |    |    |    |    |    |    |
|----|----|----|----|----|----|----|----|----|----|----|----|
| AL | AR | AZ | CA | CO | CT | DE | FL | GA | IA | ID | IL |
| IN | KS | KY | LA | MA | MD | ME | MI | MO | MN | MS | MT |
| NC | ND | NE | NH | NJ | NM | NV | NY | OH | OK | OR | PA |
| RI | SC | SD | TN | TX | UT | VA | VT | WA | WI | WV | WY |

**RATE OF HAUL INFORMATION**

Please provide us your ideal (reasonable) rate information. We understand that many factors change this information, but this will give us a starting point.

**IDEAL RATE:**    \$\_\_\_.\_\_(V)                    \$\_\_\_.\_\_(R)                    \$\_\_\_.\_\_(F)

**ADDITIONAL REFERENCES:**

---



---



---



---



---



---



**FACTORING INFORMATION**

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

FACTORING \_\_\_\_\_ WEB \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_ ZIP \_\_\_\_\_  
CONTACT \_\_\_\_\_ E-MAIL \_\_\_\_\_  
PHONE # \_\_\_\_\_ Fax # \_\_\_\_\_

**INSURANCE INFORMATION**

Please provide us with your insurance contact information, where we can request certificate of insurance with specific holders. (i.e. brokers and/or shippers)

INSURANCE \_\_\_\_\_ WEB \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_ ZIP \_\_\_\_\_  
CONTACT \_\_\_\_\_ E-MAIL \_\_\_\_\_  
PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

**REFERAL**

Please refer us three (3) Owner Operators who you believe might benefit from our service.

NAME \_\_\_\_\_ CELL \_\_\_\_\_  
NAME \_\_\_\_\_ CELL \_\_\_\_\_  
NAME \_\_\_\_\_ CELL \_\_\_\_\_

**ADDITIONAL INFORMATION**

Please use the section bellow to better describe your company. Include special terms and conditions of most importance and everything we have to consider while searching and taking the loads for you.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## CREDIT CARD PAYMENT AUTHORIZATION FORM

I \_\_\_\_\_, hereinafter called CARRIER do hereby authorize SQUARE BIZ LOGISTICS, LLC, hereinafter called DISPATCH, to initiate a debit entry for the services after receiving load confirmation from SHIPPER/BROKER, to the credit card account indicated below, in consideration of the dispatching service provided to me. I understand that my signature on this authorization form, along with a photocopy of the front and the back of both my credit card, as well as my driver license, will allow me the convenience of not having to produce these items for impression at the time of service.

Name on the Card: \_\_\_\_\_

Please Circle One: VISA MC DISC AMEX

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ CVN: \_\_\_\_\_ ZIP: \_\_\_\_\_

\_\_\_\_ 7% \_\_\_\_ 9% \_\_\_\_ 10% of Loads

Starting on \_\_\_\_/\_\_\_\_/\_\_\_\_20\_\_\_\_ Ending on \_\_\_\_/\_\_\_\_/\_\_\_\_20\_\_\_\_

This authorization is to remain in full force and effect until the ending date listed above. I understand that I will be notified via email when DISPATCH debit my account each week. I understand that if the load is tendered and accepted by me, but for any reason, whether is due to carrier, shipper, or broker, the load gets reschedule or cancelled, I am still responsible for paying DISPATCH as set out above. Any revocation shall not be effective until DISPATCH is notified by CARRIER in writing to cancel this automatic payment authorization, in such time and in such a manner as to afford DISPATCH a reasonable opportunity to act on it.

\_\_\_\_\_  
Card Holder's Signature

\_\_\_\_\_  
Authorization Date

Card Holder's E-Mail \_\_\_\_\_



**LIMITED POWER OF ATTORNEY**

This Limited Power of Attorney (the AGREEMENT) is made effective on \_\_\_\_\_ (date) between: SQUARE BIZ LOGISTICS, LLC hereinafter called DISPATCH a company established under the laws of the State of TEXAS, and \_\_\_\_\_ hereinafter called CARRIER, motor carrier company with MC # \_\_\_\_\_. 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 of my legal rights and powers, including all rights and powers that I may acquire in the future. DISPATCH powers shall include, but not be limited to, the power to: Professional dispatch services, including contact drivers, shippers and brokers on my behalf for cargo, Transfer of Paperwork (Carrier Packet, Rate Confirmations, Insurance Certificates, Invoices and all necessary Paperwork) to shippers. Sign and execute rate confirmations for freight, and collect all payments due on my behalf. This Power of Attorney shall be construed broadly as a General Power of Attorney. The listing of specific powers is not intended to limit or restrict the general powers granted in this Power of Attorney in any manner. DISPATCH shall not be liable for any loss that results from a judgment error that was made in good faith. However, DISPATCH 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 DISPATCH to 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 send via e-mail 10 days in advance to DISPATCH to **CRYSTAL-TERRELL@SQUAREBIZLOGISTICS.COM** IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the date below.

**DISPATCH:**  
 NAME \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_  
 TITLE \_\_\_\_\_ PRESIDENT / CEO \_\_\_\_\_  
 DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**CARRIER:**  
 NAME \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_  
 TITLE \_\_\_\_\_  
 DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

