



DISPATCHER – CARRIER AGREEMENT

This Agreement is made this _____ day of _____, 20_____, by and between “_____ **ON POINT DISPATCH LLC**_____”, hereinafter referred to as DISPATCHER, and

_____ Hereinafter referred to as CARRIER. WHEREAS, DISPATCHER is a transportation dispatcher handling the necessary paperwork between a SHIPPERS and the CARRIER in order to secure "CARGO" for said CARRIER. II WHEREAS, CARRIER is a Motor CONTRACT Carrier subject to the jurisdiction of the ICC:

NOW, THEREFORE, in consideration of the promises and convents hereinafter contained it is mutually agreed by and between parties here to as follows:

OBLIGATIONS OF DISPATCHER:

1. DISPATCHER agrees to handle paperwork, phone; fax calls to, 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 SHIPPERS, CARRIER agreement.
3. DISPATCHER will:
 - a) Make 100% effort to keep truck(s) loaded.
 - b) CARRIER will be contacted 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 CARRIER is being billed for.
4. CARRIER agrees to pay a setup fee of \$____ and a flat fee of \$____ per-load after initial setup.
5. CARRIER gives DISPATCHER authority to provide his/her signature for rate confirmation sheets, invoices and associated paperwork necessary for securing cargo and billing purposes. The terms of this agreement shall be perpetual, provided that either party may terminate the same by giving 30 days written notice to the other.
6. SHIPPER agrees to pay CARRIER promptly, following receipt of a freight bill and proof of delivery of each shipment to its assigned destination, free of damage or shortage. 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 to CARRIER.

Confirmation will be signed by DISPATCHER and returned via FAX or EMAIL to SHIPPER. Payments are due to the DISPATCHER for services rendered and payments that are due to the DISPATCHER for services rendered are not contingent on outstanding company 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. “_____ **On Point Dispatch LLC**_____”

TITLE: Dispatcher

NAME: _____

DATE: _____

CARRIER: _____

NAME: _____

TITLE: _____

DATE: _____

POWER OF ATTORNEY

Company Name	
MC#	
Address	
State	
State	
Zip	
Phone	
Fax	
Email Address	

I, _____ hereby appoint " _____ " of " **ON POINT DISPATCH LLC** ", as my Attorney-in-Fact ("Agent"). " **ON POINT DISPATCH LLC** " agents shall have full power and authority to act on my behalf. This power and authority shall authorize " _____ " 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. " _____ " powers shall include, but not be limited to, the power to:

1. Contact shippers and brokers on my behalf for cargo.
2. Transfer of Paperwork (Carrier Packet, Rate Confirmations, Insurance Certificates, Invoices and all necessary Paperwork) to shippers.
3. Sign and Execute Rate Confirmations for freight 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. " **ON POINT DISPATCH LLC** " shall not be liable for any loss that results from a judgement error that was made in good faith. " **ON POINT DISPATCH LLC** " shall not 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 my Agent to indemnify and hold harmless any third party who accepts and acts under this document. " **ON POINT DISPATCH LLC** " shall be entitled to reasonable compensation for any services provided as my Agent. " **ON POINT DISPATCH LLC** " shall be entitled to reimbursement of all reasonable expenses incurred in connection with this Power of Attorney. " **ON POINT DISPATCH LLC** " shall provide all bill of lading and invoices for all acts performed as my Agent, if I so request or if such a request is made by any authorized personal representative or fiduciary acting on my behalf. This Power of Attorney shall become effective immediately This is a Durable Power of Attorney.

This Power of Attorney shall continue effective for (24 Months). This Power of Attorney may be revoked by me at any time by providing (30 Days) written notice to my Agent.

Dated _____, 20__

Signature

Printed Name

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:	
D/B/A (If Any):	
PHYSICAL ADDRESS:	
MAILING ADDRESS:	
CITY:	
STATE:	
ZIP:	MAIN CONTACT:
OFF. PHONE:	FAX:
CELL:	
EMERGENCY CONTACT	PHONE:
EMAIL ADDRESS:	
WEBSITE IF ANY	DOT#:
MC#:	SSN/EIN#:
SCAC CODE:	
TWIC CERTIFIED:	
HAZMAT CERTIFIED:	

PART II:

EQUIPMENT SECTION: (For more than one truck use the multiple truck form)

VAN EQUIPMENT:

48'VAN:

LOAD BARS:

53'VAN:

STRAPS:

AIR RIDE:

PADS:

VENTED:

MAX LOAD WEIGHT:

ETRACK:

COMMENTS

LOGISTICS:

REEFER EQUIPMENT:

48'REF:

53'REF

AIR RIDE:

PALLETS:

ETRACK:

LOAD BARS:

COMMENTS:

FLATBED / SPECIALIZED EQUIPMENT:

45'FLAT:

48'FLAT:

53'FLAT

48'STEP DECK

53'STEP DECK:

RGN:

IF SO SIZE:

RAMPS

LEVELLERS:

CHAINS:	
STRAPS:	
TRAPS:	
SIDES:	
OVER SIZE:	
MAX LOAD WEIGHT:	
COMMENTS:	

PART-III: SERVICE AREAS OF OPERATION:

(Check all that apply) United States: []

All 48 States

- | | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> AR | <input type="checkbox"/> MD | <input type="checkbox"/> OH |
| <input type="checkbox"/> AZ | <input type="checkbox"/> ME | <input type="checkbox"/> OK |
| <input type="checkbox"/> CA | <input type="checkbox"/> MI | <input type="checkbox"/> OR |
| <input type="checkbox"/> CO | <input type="checkbox"/> MO | <input type="checkbox"/> PA |
| <input type="checkbox"/> CT | <input type="checkbox"/> MN | <input type="checkbox"/> RI |
| <input type="checkbox"/> DE | <input type="checkbox"/> M | <input type="checkbox"/> SC |
| <input type="checkbox"/> FL | <input type="checkbox"/> S | <input type="checkbox"/> SD |
| <input type="checkbox"/> GA | <input type="checkbox"/> MT | <input type="checkbox"/> TN |
| <input type="checkbox"/> IA | <input type="checkbox"/> NC | <input type="checkbox"/> TX |
| <input type="checkbox"/> ID | <input type="checkbox"/> NO | <input type="checkbox"/> UT |
| <input type="checkbox"/> IL | <input type="checkbox"/> NE | <input type="checkbox"/> VA |
| <input type="checkbox"/> IN | <input type="checkbox"/> NH | <input type="checkbox"/> VT |
| <input type="checkbox"/> KS | <input type="checkbox"/> NJ | <input type="checkbox"/> WA |
| <input type="checkbox"/> KY | <input type="checkbox"/> NM | <input type="checkbox"/> WI |
| <input type="checkbox"/> LA | <input type="checkbox"/> NV | <input type="checkbox"/> WV |
| <input type="checkbox"/> MA | <input type="checkbox"/> NY | <input type="checkbox"/> WY |

Canada: AB BC MB ON QB K

Mexico: []

Rate of Haul Information:

Please give us your minimum rate information. We understand that many factors will change this information. But this will give us a starting point.

MINIMUM RATE PER MILE:

MAX PICKS:

MAX DROPS:

COST PER EXTRA STOP:

DRIVER TOUCH:

(Y/N): COMMENTS

PART- IV: FACTORING

INFORMATION:

If you use a factoring service, please provide the following information.

This will ensure that we only use brokers that are approved by your factoring company.

FACTORING COMPANY _____

CONTACT: _____

PHONE: _____

FAX: _____

WEBSITE: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE:

PART-V: INSURANCE

INFORMATION:

Please note:

We do require our carriers to maintain a minimum of \$1 Million in liability and \$100,000.00 in Cargo insurance.

INSURANCE COMPANY: _____

CONTACT: _____

PHONE: _____ FAX: _____ EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE:

PART-VI: OTHER

INFORMATION:

Please use the following section to better describe your company that we have not already asked for.

Office Use

Only: Updated on: ___/___/___

Comments:

MULTIPLE TRUCK OPERATION FORM

Please complete this form if you are a trucking company with more than one (1) truck working under your authority.

Truck #	Trailer#	Typetrlr	MaxWght	Driver	Cell

Notes:

- 1. Does the assigned driver have the right to make a load decision for you?

- 2. Does the driver need to have a copy of the load confirmation?

- 3. Do we need to do the initial dispatch of the driver, or will you?

- 4. Other:

I _____, do hereby authorize _____ and any other billing agencies associated to their operation, to perform the charges of \$____ plus \$____ cents of transaction fee will be charged for every load. I recognize these charges and make full acknowledgment of them in my credit/debit card statement.

Signed: _____

Date: _____