



Dispatcher - Carrier Agreement

Welcome to MaeBlack LLC, we are pleased that you have decided to grant us the permission to act as your dispatching service provider representing your company in the arena of covering your truck(s) and/or delivering the administrative functions, which is no small deal or transaction. We understand how important your business is to you. You have made a wise decision, we will represent you with integrity, professionalism, and pride in all that we do.

MAEBLACK LLC needs the following from your company to get you enrolled in our program:

Signed DISPATCHER CARRIER Agreement

Completed W9

Copy of Authority Letter

Limited Power of Attorney

Notice of Assignment

Carriers Profile Sheet

Copy of CDL (if applicable)

Certificate of Insurance: Please make sure MaeBlack LLC is a certificate holder.

MaeBlack LLC

5500 Executive Center Dr.

Suite 228 PMB 1119

Charlotte, NC 28212

Safety Certification

TWIC PPE Hazmat (circle which applies)

Once your paperwork is processed you will be contacted promptly with all pertinent information and your Customer ID. For questions/concerns regarding Dispatch Solution LLC requirements please contact us at info@maeblackservices.com

Thank you for choosing MaeBlack LLC

Yolanda Ormond CEO



OBLIGATIONS OF DISPATCHER

1. DISPATCHER agrees to find freight and negotiate the best rate after checking BROKER credit with the factoring company. 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 SHIPPER, CARRIER Agreement.
3. DISPATCHER will:
 - a. Make 100% effort to keep truck(s) loaded.
 - b. CARRIER will be contacted about every load or as agreed on we find to offer, and CARRIER (or DRIVER) will ACCEPT or REJECT the load.
 - c. Invoice the CARRIER at the time of service; also provide a copy of each Load Confirmation Sheet CARRIER is being billed for.

OBLIGATIONS OF CARRIER

1. CARRIER agrees to pay **9 %** of each load for finding top paying freight, paperwork, factoring, and credit checks.
2. 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 written notice to each other.
3. 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 or 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 EMAIL by SHIPPER to CARRIER. Confirmation will be signed by DISPATCHER and returned via EMAIL to SHIPPER.

Payments are due to the DISPATCHER for services rendered after 48 hours of delivering dispatched load 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 will result in termination of agreement and services immediately unless otherwise determined by the DISPATCHER.

DISPATCHER: _____
TITLE: Dispatcher

SIGNATURE OF DISPATCHER: _____
DATE: _____

CARRIER NAME: _____
DATE: _____

SIGNATURE: _____



LIMITED POWER OF ATTORNEY

This ("Limited Power Of Attorney Agreement") dated _____, 20____ (the "Effective Date") is made between _____ (the "DISPATCHER"), and _____ (the "CARRIER/OWNER"), with an office at _____, for the purpose of appointing MaeBlack LLC as an agent to act on the behalf of _____. For the limited purpose to:

Find & Negotiate Cargo

Sign Rate Confirmations

Communicate with brokers and shippers

on your behalf to secure cargo for your company. Full power to and authority to do perform all and every act and thing whatsoever necessary to be done in and about the specific and limited terms (set out herein) as fully, to all intents and purposes, as might or could be done if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that said attorney shall lawfully do or cause to be done by virtue thereof.

This power of attorney is to remain in full force and effect until revoked by me in writing. Such revocation is to be emailed to: MaeBlack LLC info@maeblackservices.com

Company Name: _____

Signature: _____

Printed Name: _____

Title: _____

Date: _____



CREDIT CARD AUTHORIZATION

Please complete the form as completely as possible. This authorization can be withdrawn at any time by canceling in writing and will remain in effect until canceled.

Credit Card Information

Credit Card Company: ☐ MasterCard ☐ Visa ☐ Discover ☐ AMEX ☐ Other _____

Cardholder Name (as written on the card): _____

Card Number: _____ Expiry Date: _____

Billing Information: Address: _____

City: _____ State: _____ ZIP Code: _____

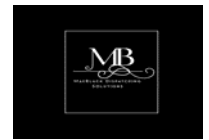
Phone: _____

Check one of the following options and enter your details below:

☐ One-Time Charge: This option allows a single one-time charge to be made to your card for the amount owed to MaeBlack LLC for non-payment. It will ONLY be charged once MaeBlack has made 3 attempts to collect money from CARRIER. A receipt will be provided, and you will also find the charge noted on your credit card and/or bank statement. You also agree that no prior notification will be provided of this charge.

I, _____, authorize MaeBlack LLC to charge the credit card detailed above for any outstanding balance owed to MaeBlack LLC. I acknowledge that my information will be kept on file for future transactions unless the agreement has been terminated. I acknowledge that this authorization will remain in effect until it is canceled in writing. I also agree to notify the vendor in writing of any changes in my account information and termination of this authorization at least 15 days in advance. If the payment date above falls on a weekend or holiday, I understand that the charge may be made on the following business day. I understand that ACH transactions are electronic payments and that funds may be withdrawn as soon as the above transfer dates. If an ACH payment is rejected due to Non-Sufficient Funds (NSF) I also accept that the merchant may process the charge again within 30 days at their discretion. I also certify that I am the owner of the credit card described above and will not dispute the payment with my bank/credit card company, provided that the transactions correctly correspond with the terms written on this authorization form.

Authorized Signature _____ Print Name _____ Date _____

**CARRIER PROFILE:**

EQUIPMENT: For all equipment LXWXH external and internal dimension of trailer. LXWXH at the door of the trailer.
Dimensions from unit to wall and unit to floor.

STRAIGHT TRUCK SPECIFICATIONS

Sleeper or Day Cab: _____ Distance from homebase to yard: _____
Team Driver ELD Brand: _____
Truck#: _____ Trailer#: _____ Length: _____
Picture of **EMPTY** Scale Ticket Range of Temperature: _____

DRY VAN SPECIFICATIONS

Sleeper or Day Cab: _____ Year of trailer: _____
Team Driver: _____ Range of temperature: _____
Length of trailer: _____

DRY VAN/REEFER LOAD SECUREMENT EQUIPMENT

<u>Equipment</u>	<u>Quantity</u>
Pallet jack	_____
Straps	_____
Load Locks	_____
Load Bar	_____

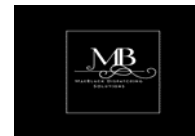
Part 1: Carrier information section

Company Name: _____
DBA (if any): _____
Address: _____
City: _____ State: _____ Zip: _____

Mailing Address: _____
City: _____ State: _____ Zip: _____
Contact: _____ Email: _____
Office Number: _____ Cell Number: _____

Emergency Contact:

Name: _____ Phone: _____
MC#: _____ DOT#: _____ EIN/SS: _____
SCAC Code: _____ TWIC: _____ Hazmat: _____



Part 2: Equipment Section

Number of Trucks: _____ Company: _____
Owner Operators: _____ Number of Teams: _____ Number of Trailers: _____
VAN: _____ REEFERS: _____ FLATBED: _____
Step Deck: _____ Box Truck: _____ Hotshot: _____ Other: _____
Type: _____
Trailer Sizes: VAN: _____ REEFERS: _____ FLATBED: _____
Step Deck: _____ Box Truck: _____ Hotshot: _____
Other: _____
Type: _____

Detailed Description of equipment (i.e. Pallets, tarps, oversize, liftgate, pallet jack and weight limits):

Part 3: Service Areas of Operation (check all that apply)

☐ AK ☐ AL ☐ AR ☐ AZ ☐ CA ☐ CO ☐ CT ☐ DE ☐ FL ☐ GA ☐ HI ☐ IA ☐ ID ☐ IL ☐ IN ☐ KS ☐ KY ☐ LA
☐ MA ☐ MD ☐ ME ☐ MI ☐ MN ☐ MO ☐ 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

Canada (Provinces):

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: _____ \$ Per Pick/Drop: _____

Driver Touch (Yes/No): _____

Comments:
