

DISPATCHER SERVICE AGREEMENT

Dispatcher: Savier Bridge LLC (**Dispatcher/Dispatch Company**) **Phone:** 704-930-8208

Email: info@savierbridge.com **Website:** www.savierbridge.com

I, _____ (**the carrier/owner operator**), of Truck # _____, Trailer # _____,

Motor Carrier (MC) Number _____, and Department of Transportation (DOT) Number, _____

hereby grants authorization or permission to: Savier Bridge LLC (**Dispatcher/Dispatch Company**)
to act as my **Dispatcher/Logistics Manager** for the sole purpose of searching for and booking loads, processing all
brokerage paperwork and obtaining and/or submitting all necessary documents required in order to expedite loads
and dispatch via telephone, fax or e-mail for my truck(s), in the state of _____.

**ALL BILLING, INVOICING, AND COLLECTIONS OF REVENUE FROM SHIPPERS, BROKERS AND/OR FACTORING
COMPANIES ARE THE SOLE RESPONSIBILITY OF THE CARRIER/TRUCKING COMPANY, UNLESS**

Savier Bridge LLC (**Dispatcher/Dispatch Company**) **AND CARRIER/TRUCKING COMPANY HAVE ARRANGED
AND AGREED UPON ADDITIONAL SERVICES PROVIDED TO THE CARRIER/TRUCKING COMPANY BY**
Savier Bridge LLC (**Dispatcher/Dispatch Company**).

If revenue for a shipment or shipments is uncollectible, Savier Bridge LLC (**Dispatcher/Dispatch Company**)
will be held harmless and no penalty or deduction of fees will be made.

Savier Bridge LLC (**Dispatcher/Dispatch Company**) will be held harmless in the event of any and all
claims, and Carrier/Trucking Company will still be obligated to pay for services rendered by
Savier Bridge LLC (**Dispatcher/Dispatch Company**).

CARRIER PROFILE

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 should 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 1: CARRIER GENERAL INFORMATION

COMPANY NAME: _____ DBA (If Any): _____

PHYSICAL ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

MAIN CONTACT PERSON: _____ E-MAIL: _____

OFFICE PHONE: _____ FAX: _____ CELL PHONE: _____

EMERGENCY CONTACT PERSON: _____ EMERGENCY PHONE: _____

MC NUMBER: _____ YEARS ACTIVE: _____ DOT NUMBER: _____ SCAC: _____

PART 2: EQUIPMENT TYPES

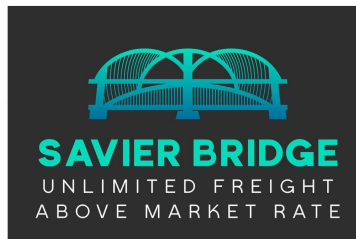
Number and Type of Trailers: 53' VAN: _____ 53' REEFERS: _____ 48'/53' FLATBED: _____ POWER ONLY: _____

Truck #'s: _____ Trailer #'s: _____

Trailer Accessories for your specific equipment types (Dry Van, Reefer, and Flatbed):

OTHER TYPES: _____

PLEASE LIST THE BROKERS THAT YOU ARE ALREADY SET UP OR APPROVED WITH BELOW:



Limited Power of Attorney

BE IT ACKNOWLEDGED that I, _____ (Carrier/Carrier Company), the "Principal", do hereby grant a limited and specific power of attorney to Dispatcher/Dispatch Company of as my "Attorney-in-Fact".

Said Attorney-in-Fact shall have full limited power and authority to undertake and perform only the following acts on my behalf:

1. Complete any and all Broker/Carrier Agreement(s) for any and all brokerage(s) that carrier is onboarding
2. Complete any and all Rate Confirmations, officially booking loads
3. Any additional administrative tasks, such as bookkeeping or invoicing

The authority herein shall include such incidental acts as are reasonably required to carry out and perform the specific authorities granted herein. My Attorney-in-Fact agrees to accept this appointment subject to its terms, and agrees to act and perform in said fiduciary capacity consistent with my best interest, as my Attorney-in-Fact in its discretion deems advisable. This limited power of attorney is effective upon execution.

This limited power of attorney may be revoked by any of the following:

(Initial and Check the Box if Applicable)

_____ ☐ - By the Principal at any time by authorizing a Revocation.

_____ ☐ - When the above stated one (1) time limited power of attorney or responsibility has been completed.

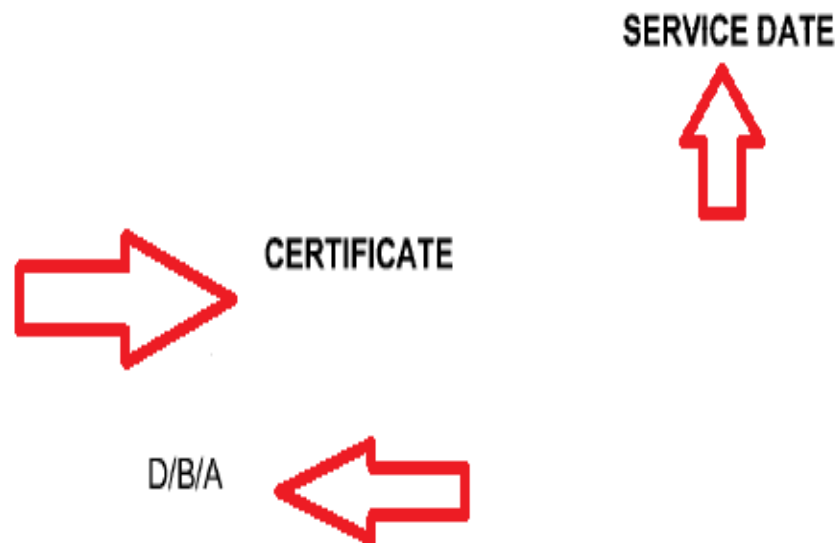
_____ ☐ - On the _____ day of _____, 20____.

This limited power of attorney form shall automatically be revoked upon my death or incapacitation, provided any person relying on this limited power of attorney shall have full rights to accept and reply upon the authority of my Attorney-in-Fact until in receipt of actual notice of revocation.



U.S. Department of Transportation
Federal Motor Carrier Safety Administration

1200 New Jersey Ave., S.E.
Washington, DC 20590

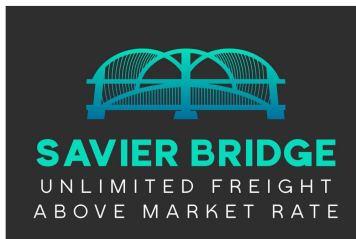


This Certificate is evidence of the carrier's authority to engage in transportation as a **common carrier of property (except household goods)** by motor vehicle in interstate or foreign commerce.

This authority will be effective as long as the carrier maintains compliance with the requirements pertaining to insurance coverage for the protection of the public (49 CFR 387) and the designation of agents upon whom process may be served (49 CFR 366). The carrier shall also render reasonably continuous and adequate service to the public. Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

A handwritten signature in black ink, reading "Jeffrey L. Secrist".

Jeffrey L. Secrist, Chief
Information Technology Operations Division



APPLICATION FOR CREDIT

****THE FOLLOWING MUST BE PROVIDED AND WILL BE HELD IN STRICT CONFIDENCE****

BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ FAX NUMBER: _____

_____ CORPORATION _____ PARTNERSHIP _____ INDIVIDUAL

FEDERAL TAX ID# _____ YEARS IN BUSINESS: _____

OWNER: _____ ADDRESS: _____

CITY/STATE: _____

PHONE#: _____

A/P CONTACT: _____ PH#: _____

E-MAIL: _____

REFERENCES

BUSINESS NAME/ADDRESS

1. _____

2. _____

3. _____

CONTACT NUMBERS

PHONE# _____

EMAIL: _____

FAX: _____

PHONE# _____

EMAIL: _____

FAX: _____

PHONE# _____

EMAIL: _____

FAX: _____

Applicant has carefully reviewed the representations set forth above and certifies all such representations to be completed and correct to the best of his/her knowledge. Permission is hereby granted to verify credit information from trade & bank references and information provided, and to make all other pertinent credit inquiries as deemed necessary to make a credit determination.

X Signed: _____ **Date:** _____