Agreement for Dispatch Services

1. **RECITALS**

This agreement made as of this _____ day of Month _____, 20___, by and between (COMPANY NAME). Hereinafter referred to as Mae Transport, LLC and _____ (Contact Name) of _____ (Company Name, hereinafter referred to as a Carrier.

Whereas, Carrier is MOTOR CONTRACT CARRIER, desiring to retain (COMPANY NAME) to provide dispatch services.

Whereas Mae Transport is a transportation dispatcher handling the necessary paperwork between shippers and the Client.

The Client must prior to the implementation of this agreement furnish to (COMPANY NAME) the following:

1. A Copy of Client's MC Authority
2. Carrier Packet
3. Copy of CDL each Driver Being Dispatched
4. Proof of Insurance Certificates (*You must have at least $1,000,000 in Liability and $100,000 in Cargo coverage.)*
5. A signed W-9
6. This Agreement form completed, dated, and signed.
7. Company Profile Complete.
8. Factoring Companies Names, Address, & Contact Number

Carrier/Driver Preference

<u>Please Complete the Questionnaire to Help Our Dispatchers Provide Loads That Best Suits You!!!</u>

1. How Much Do You Need Per Mile? _____
2. States That Are Non-Preferable? _____
3. Home City? _____
4. Local or OTR_____
5. Dimensions of Trailer? (If You Have One) _____

2. **STATEMENT OF WORK**

(COMPANY NAME) will:

1. Book loads on the Client's Behalf.
2. Find freight that best matches profile for the Client.
3. Handle the settling of appointments if necessary.
4. All load information is always available to the Carrier, (COMPANY NAME) will hold on to the dispatch, accessorial information, etc. until the load is completed.
5. Upon forwarding the final load confirmation, and emailing all documentation to the Client, the services of (COMPANY NAME) have been **fully performed.**

3. **Obligations of Dispatcher**

A. Dispatcher agrees to handle paperwork, phone, and fax to and from the Broker or Shipper to tender commodities or shipments to Client for transportation in interstate commerce by Client between points and places within the scope of Client's operating authority.

B. Dispatcher will:
   a. Make a 100% effort to keep Carrier's truck(s) loaded.
   b. Carrier will be contacted about every load we find offer, and the driver will Accept or Reject the load. Carrier cannot cancel once the load is booked.
   c. Invoice the Carrier at time of service, also provide a copy of each load confirmation sheet, Carrier is being billed for.

4. **Obligations of Carrier and Driver**

   A. Carrier gives(COMPANY NAME) power of attorney and authority to provide his/her signature for rate confirmation sheets, invoices and associated paperwork necessary for securing cargo and billing purposes.
   B. **Carrier agrees to collect payment from Shipper promptly, following receipt of a freight bill and proof of delivery of each shipment to its assigned destination, free of damage of shortage. The amount to be paid by Shipper to Client shall be established** between the 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 and returned via EMAIL to Shipper.
   C. In the event of breakdown, Carrier is responsible for contacting roadside. We recommend signing up with a roadside company and issuing that contract info to your driver. Carrier is responsible for payment of any needed repair.
   D. Carrier nor driver is allowed to cancel once a load is booked.
   E. Carrier is responsible for obtaining all permits.

5. CONSIDERATION

(COMPANY NAME) will invoice the Carrier **10% Per Load** as per the terms of the agreement via email. 10% fee will be deducted from invoice before Carrier received payment. If Carrier decide to pay(COMPANY NAME) after payment is received, the Carrier will be sent confirmation receipt via email. After (2) days of nonpayment a $50 Late Fee will be applied at (5) days $75 fee. After (7) days past due account will be suspended. The Account be paid current & subjected to a $100 Reinstatement fee prior to being reactivated.

6. JURISDICTIONS AND VENUES

(COMPANY NAME) and the Client hereby consent to and agree to submit to the jurisdiction of the Federal and State courts located in Savannah, GA in connection with any claims or controversies arising out of the Agreement. IN WITNESS WHEREOF, the parties hereto have executed this Agreement as the date written.

Company Name: _____

Signature Of MC: _____

Date: _____

POWER OF ATTORNEY

I, _____, the undersigned, of _____ do hereby grant to (COMPANY NAME) as my attorney-in-fact, to receive on my behalf information from Direct Shippers and Property Brokers, and to sign freight rate confirmations on my behalf pertaining to such information:

This power of attorney will expire in twelve months from the date signed.

_____ Signature of Motor Carrier

_____ Address of Motor Carrier

_____

_____ MC# of Motor Carrier

The affiant being duly sworn affirms and says that he or she is the signer(s) of the foregoing power of attorney, and that he or she has read the foregoing power of attorney and understands its contents.

Motor Carrier Name: _____

Authorized Party: _____

Signature: _____

Date: _____ / _____ / _____

PAYMENT AGREEMENT

I understand and agree that I am financially responsible for payment of all services received in the amount stated below. I agree to pay the amount in the time period of invoice being submitted.

For professional services rendered or dispatching, I agree to pay (COMPANY NAME)**, LLC the 10% of the sum of each load.**

Banking information is being requested in the case of (COMPANY NAME) **using our own factoring company. Once payment is received from factoring company payment will be send over to driver minus the 10%.**

Customer Name: _____

Customer Address: _____

Banking Account No: _____

Banking Routing No: _____

Payment Amount: $__10%_

Please note that if factoring company is not being used payment will take up to 10-30 days once invoice is submitted.

_____ _____
Customer Signature **Date**

_____ _____
Staff Witness Signature **Date**

Thank you for putting your trust in (COMPANY NAME)**!**