2631 S 48th Ct,Cicero, IL 60804
(224) 387- 6872
admin@dispatchod.org

Date: _____ Carrier Name: _____ Carrier Email: _____

DL#: _____DOT Number: _____ MC Number: _____

This **Dispatcher – Carrier Agreement** (the "Agreement") is entered into on this **____ day of _____, 20_____**, by and between **Dispatchod LLC** (hereinafter referred to as "DISPATCHER") and **_____** (hereinafter referred to as "CARRIER").

1. Purpose

The purpose of this Agreement is to define the terms under which DISPATCHER will provide freight dispatch services to CARRIER to secure and coordinate freight loads.

2. Services Provided by DISPATCHER

- DISPATCHER agrees to handle paperwork, phone, fax calls to - from the BROKER 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.
- DISPATCHER bears no financial or legal responsibility in the transaction between the BROKER, CARRIER agreement.

3. Responsibilities of CARRIER

- CARRIER agrees to compensate DISPATCHER at a rate of ____% of the face value of the contract between the BROKER, CARRIER as stated on the load confirmation sheet. CARRIER further agrees to pay DISPATCHER at time of securing cargo.

- CARRIER will comply with all applicable state and federal regulations pertaining to the operation of a motor CARRIER.

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- Payment shall be made on a **weekly/bi-weekly** basis via **ACH, direct deposit, or another agreed-upon method**.

- If a load is not completed, DISPATCHER will not be entitled to payment for that load.

4. What we need to do business and get you a load.

- Copy of MC Authority.
- Copy of your insurance certificate and a phone number for your insurance company.
- Signed W-9 form.
- Signed Contract for services.
- Company profile completed.
- Your factoring company's name, address, and contacts phone number.
- Copy of a signed of direct deposit form

Please complete the following information so that we may better serve you.

You will receive an invoice faxed to the location you selected; you pay only the amount of the invoice –no hidden charges.

Company's Name: _____

Address:_____

City: _____State: _____Zip: _____

Company's Phone Number: _____
Cell Phone Number: _____

Fax Number: _____

Insurance Company's Name: _____

Insurance Company's Phone#: _____

Insurance Company Contact: _____

Factoring Company's Name: _____

Address: _____

City: _____State: _____Zip: _____

Phone Number and Contact Name:

_____

5.LIMITED POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS that I _____ of _____, hereby make, constitute, and appoint DISPATCHOD LLC, as my true and lawful attorney in fact for me and in my name, place, and stead; for the following purposes only:

·To transfer documents ·Accept loads·Discuss my accounts and invoice customers

·Modes of communication for requesting and receiving information may include telephone, email, fax or mail

6. Independent Contractor Relationship

- Both parties acknowledge that DISPATCHER and CARRIER are independent contractors. Nothing in this Agreement shall be interpreted as creating an employer-employee relationship.

7. Liability Disclaimer

- DISPATCHER shall not be liable for CARRIER's delays, accidents, cargo loss, or any claims related to freight transportation. CARRIER assumes full responsibility for all loads transported under this Agreement.

8. Governing Law

- This Agreement shall be governed and interpreted in accordance with the laws of the **State of _____**. Any disputes arising under this Agreement shall be resolved in a court of competent jurisdiction in that state.

9. Entire Agreement

- This Agreement represents the full understanding between the parties and supersedes any prior agreements, whether verbal or written. Any modifications must be made in writing and signed by both parties.

If you agree to the terms outlined in this Agreement, please sign below and return a copy for our records.

CARRIER:
Date: _____ Signature: _____

DISPATCHOD LLC:

Date: _____ Signature: _____