



☎ 1 (830) 971-2019

✉ [info@dispatchsolutionllc.com](mailto:info@dispatchsolutionllc.com)

## Carrier Setup Requirement

Welcome to Dispatch Solution 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.

To get enrolled in our program, please complete, sign and return following items by email to [info@dispatchsolutionllc.com](mailto:info@dispatchsolutionllc.com).

### Requirements:

- Dispatch agreement
- Power of Attorney
- Carriers Profile Sheet
- Carriers Active Authority
- Copy of your DOT #
- Copy of your Signed W-9
- Copy of CDL (if applicable)
- Copy of insurance certificate

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@dispatchsolutionllc.com](mailto:info@dispatchsolutionllc.com)

Thank you for choosing Dispatch Solution LLC

Regards,

Talha Yousaf



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## Limited Power of Attorney

Be it known, that \_\_\_\_\_ with an MC or DOT number of \_\_\_\_\_, has made an appointed, and by these presents does make and appoint Dispatch Solution LLC, true and lawful attorney for \_\_\_\_\_, place and stead, for the limited and specific purpose of contracting loads of freight to be hauled by \_\_\_\_\_, giving and granting said Dispatch Solution LLC, full power and authority to do and 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:

Dispatch Solution LLC.

[info@dispatchsolutionllc.com](mailto:info@dispatchsolutionllc.com)

Company Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_



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### Carrier 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 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 information section

Company Name: \_\_\_\_\_ DBA(if any): \_\_\_\_\_  
Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Main Contact: \_\_\_\_\_ Email: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
MC Number: \_\_\_\_\_ DOT Number: \_\_\_\_\_ EIN/SS: \_\_\_\_\_  
SCAC Code: \_\_\_\_\_ TWIC Certified: \_\_\_\_\_ Hazmat Certified: \_\_\_\_\_

#### 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):

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

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| <input type="checkbox"/> AL | <input type="checkbox"/> KY | <input type="checkbox"/> OH | <input type="checkbox"/> CO | <input type="checkbox"/> MN | <input type="checkbox"/> SC | <input type="checkbox"/> MN | <input type="checkbox"/> NH | <input type="checkbox"/> VT |
| <input type="checkbox"/> AK | <input type="checkbox"/> LA | <input type="checkbox"/> OK | <input type="checkbox"/> CT | <input type="checkbox"/> MS | <input type="checkbox"/> SD | <input type="checkbox"/> SC | <input type="checkbox"/> NJ | <input type="checkbox"/> VA |
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**Canada (List 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: \_\_\_\_\_

**Part 4: Factoring Information Section:**

If you use factoring service, please provide us the following information. This will ensure that we only use brokers that are approved by your factoring company.

Factoring Company: \_\_\_\_\_ Main Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Part 5: Insurance information Section:**

Insurance Company: \_\_\_\_\_ Main Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_





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## Agreement of Dispatch Services

This agreement made as of this \_\_\_\_\_ (day) of \_\_\_\_\_ (Month) 20 \_\_\_\_ (Year) by and between Dispatch Solution LLC hereafter referred to as DISPATCHER and \_\_\_\_\_ (Carrier Company Name), hereinafter referred to as "Carrier", desires to retain Dispatch Solution LLC by executing a Limited Power of Attorney form to find and secure freight for "carrier" and dispatch Carrier's equipment. Prior to the implementation of this agreement Carrier must furnish to Dispatch Solution LLC the following documents:

1. This Agreement form completed, dated, and signed.
2. A signed Limited Power of Attorney form.
3. A completed Company profile Sheet.
4. Truck Operation form.
5. Copy of Carriers Authority.
6. Copy of DOT#
7. A signed w-9
8. Copy of valid certificate of insurance.

### Rate Agreement (Please check preferred plan)

- Bronze Package
  - \$300 Weekly
  - 1 to 4 Trucks
  - Per week per truck
- Silver Package
  - \$250 Weekly
  - 5 to 10 Trucks
  - Per week per truck
- Gold Package
  - \$225 Weekly
  - 10 plus Trucks
  - Per week per truck.

### Effective Date

The Agreement shall be in effect upon the date signed by both parties to this Agreement and shall be in effect until the revocation of the Limited Power of Attorney or until notice is given by Company name. Carrier must send notification by mailing said Revocation Notice to: Business Email.

### Statement of Work

Dispatcher will:

1. Find freight that best matches profile for the Carrier.
2. Contact Carrier with load matches and go over options.
3. Email or Fax shipper/broker the Carriers Authority, W-9, proof of insurance, and order insurance certificates if required, along with any other required supporting documentation upon the Carriers agreeing to take the load.



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4. Handle the setting of appointments if required.
5. Provide the driver with all dispatch instructions for pickup, transit, and delivery.
6. Assist with any problems that arise in the transit of the load when necessary if within our capabilities. The Carrier is responsible for own equipment. We can try to direct Carrier to a service that might be of help.
7. Hold on the dispatch, accessorial information, etc., until the load is completed. Once completed Dispatch Solution LLC will mail all documents to the client.
8. Forward the final load confirmation and mail all documentation to the Carrier, concluding that all services have been performed in full.

#### **Consideration**

The Carrier agrees to pay Dispatch Solution LLC as per the agreed quotes and terms, as stated in "Rate agreement section of this agreement". This agreed term rates will be required to be paid to Dispatch Solution LLC as per the conditions of the agreement. A five-day grace period will be allowed before the account becomes overdue. At ten-days the account will be suspended and a reactivation fee of \$50 will apply in addition to any overdue fees. After 30 days the account may be placed for collection, Dispatch Solution LLC will invoice Carrier as per the terms of the agreement via email. Payment can be made to Business Name by ACH transfer or Digital Wallet (Venmo).

#### **Additional Provisions:**

It will be the responsibility of the Carrier to handle directly with the shipping party any overages, shortages, damages, or billing and collection issues.

In no event will Dispatch Solution LLC be liable for any incidental, consequential, or indirect damages for the loss of profits, or business interruption arising out of the use of the service.

Carrier agrees to hold harmless, before, during and after the contract, all direct or indirect damages resulting from Carrier hauling of shipper's freight. This includes but is not limited to loading and unloading problems or issues, delays, overages, shortages, damages, and billing and collection issues and hours of services.

Carrier will be responsible for notifying Dispatch Solution LLC of changes to authority, insurance, client profile or ownership.

Dispatch Solution LLC will work within the established parameters of the Carriers Company / carrier profile. Dispatch Solution LLC will notify Carrier of best matched loads for approval prior to making aul commitment.

Dispatch Solution LLC will email all necessary documentation to the broker/shipper directly, along with final approval once client or designated representative has approved load.

Dispatch Solution LLC will notify Carrier of load required qualifications or additional insurance requirements.

**NOTE:** To avoid charges for unavailable equipment, it is imperative to notify Dispatch solution LLC immediately if the truck is loaded from another source or no longer available for any reason.

If Carrier does not give the proper notice that the truck is no longer available, Carrier may be subject to a \$50 fine that Must be paid BEFORE we accept any further opportunities for the truck. After Carriers verbal acceptance and the load is secured, should the Carrier back out or ask for more money after the load has been secured, there will be a penalty of \$100 for the first occurrence and \$200 for the second occurrence that MUST be paid before we can accept another load on Carrier's behalf. If this happens more that twice Dispatch Solution LLC has the right to terminate agreement between Dispatch Solution LLC and the Carrier.

Carrier agrees that they will advise Dispatch Solution LLC in a timely fashion should the client not be available for dispatch more that (1) day at a time. (If Carrier is not working for any amount of time, please let us know ASAP so we do not plan any loads for Carriers Truck).



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**Disclaimer:**

Dispatch Solution LLC is NOT responsible for:

1. Billing Issues
2. Load problems
3. Advances (all advances will have to be handled directly between Carrier and Shipper/broker unless requested by Carrier)
4. Handling and storage of paperwork. (All documents will be sent to Carrier unless other arrangements are made).
5. DOT compliance issues.
6. Spike Insurance.

**Governing Law:**

This agreement shall be governed by and construed in accordance with laws of the State of Texas without giving effect to any choice of law or conflict of laws provision or rule (whether of the State of Texas or state any other jurisdiction) that would cause the application of the laws of any jurisdiction other than those of the State of Texas.

**Jurisdictions and Venue:**

Dispatch Solution LLC and Carrier here by consent to and agree to submit to the jurisdiction of the Federal and State courts located in Houston, TX in connection with any claims or controversies arising out of the Agreement.

IN WITNESS WHEREOF, the parties hereto have executed this agreement as the first date written:

\_\_\_\_\_  
(Print Company Name)

\_\_\_\_\_  
(Title of Company representative)

\_\_\_\_\_  
(Signature of Company representative)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Company Name)

\_\_\_\_\_  
(Title of Dispatch Solution LLC representative)

\_\_\_\_\_  
(Signature of Dispatch Solution LLC representative)

\_\_\_\_\_  
(Date)





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### Truck Operations Form

| Truck # | Trailer # | Trailer Type | Max Weight | Driver | Cell Phone |
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Does the assigned driver have the right to make load decisions for you? \_\_\_\_\_

Does the driver need to have copy of the load confirmation ? \_\_\_\_\_

Please keep a blank copy of this form, and email updates to us when they occur, this way we have the most current information on hand.



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## 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: \_\_\_\_\_



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

**Recurring Charge:** This allows vendors to accept multiple scheduled payments from your credit card. A receipt for each payment 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 these charges unless the date or amount changes, in which case you will be notified at least 10 days before payment is collected.

I, \_\_\_\_\_, authorize \_\_\_\_\_ to charge the credit card detailed above for agreed upon payments of \$ \_\_\_\_\_ on a recurring basis on the \_\_\_\_\_ (day) of each **week/month**. I acknowledge that my information will be kept on file for future transactions.

**One-Time Charge:** This option allows a single one-time charge to be made to your card for the amount indicated below and, on the date, specified. 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 unless the date or amount changes, in which case you will be notified at least 10 days before payment is collected.

I, \_\_\_\_\_, authorize \_\_\_\_\_ to charge the credit card detailed above for agreed upon payments of \$ \_\_\_\_\_ on a recurring basis on the \_\_\_\_\_ (day) of each **week/month**. I acknowledge that my information will be kept on file for future transactions.

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 before the next scheduled billing date. 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 and that an additional charge of \$ \_\_\_\_\_ may be levied for each returned payment.

I also certify that I am the owner of the credit card described above and will not dispute the scheduled payments with my bank/credit card company, provided that the transactions correctly correspond with the terms written on this authorization form.

Authorized Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name \_\_\_\_\_