DISPATCHER SERVICE AGREEMENT

Dispatcher: Dispatch Company Na	me Phone: Business Phone Number	Email: Dispatch	Business Email	Website:
	Company Website			
ı,	(the carrier), the Owner Operato	or of Truck #	, Trailer #	, Moto
	epartment of Transportation #(DOT),			
	DISPATCH COMPANY NAME HERE to act a			
purpose of searching for and booking	loads, processing all brokerage paperworl	k and obtaining a	nd/or submitting a	ıll <u>necessar</u> ı
documents required in order to exp	pedite loads and dispatch via telephone,	fax or e-mail fo	or my truck, Lice	nse Plate#
, in the state of	·			
ALL BILLING, INVOICING, AND COLLECT	TIONS OF REVENUE FROM SHIPPERS, BROK	ERS AND/OR FAC	TORING COMPAN	ES ARE THE
SOLE RESPONSIBILITY OF THE CARR	IER/TRUCKING COMPANY, UNLESS <mark>DISPA</mark>	ATCHING COMPA	<mark>NY</mark> AND CARRIEF	₹/TRUCKING
	REED UPON ADDITIONAL SERVICES PROVID			
	for a shipment or shipments is uncollectible		R YOUR DISPATCH	I COMPAN
NAME HERE will be held harmless and n	no penalty or deduction of fees will be made.			
motor carrier in the area of intended of maintain general liability (\$1 million) carrier/trucking company. DISPATCHES The Fee for Disp As Loads/Freight/Cargo are picked up, percentage/pricing scheme will be paya	to maintain all proper licenses and permits operation, either Intrastate or Interstate. A and cargo insurance (\$100,000) at the RADISPATCH COMPANY will be held harmless oatching Services where the permits of the perm	additionally, Carrie amounts set fort in the event of ar will be considered by the constant of	r/Trucking Compaint by the home sony and all claims. ispatch count equal to the atthe right to end thi	ny agrees to state of the of t
without cause at any time with seven agreement.	(7) days' notice by written request. By	signing below, I fu	lly understand the	terms of this
agreement.				
Carrier Print: Carrier Phone Number	Carrier Signature: r: () Carrier Email: _			
Dispatch Company: <mark>DISPATCHER/DISPA</mark>	TCH COMPANY NAME HERE			
Your Signature Horo				
Horo				

Dispatcher/Company Signature

Limited Power of Attorney

BE IT	KNOW	N, tl	nat _												(Carrie	er/Tr	ucking	g Co	mpai	ny) w	ith ar	n MC/DOT
numbe	er of						_ ha	s m	nade	and	app	ointed	, and	by	thes	е р	resent	S C	loes	mak	e and	n MC/DOT d appoint
															-			_	-			ad, for the
							_			_			-		-		_					<u>ISPATCH</u>
							-				-		-			-			_			ecessary to be done if
				-								-	-							-		all lawfully
																						d by me in
	g. Such i			-						P • · · ·			,									
·	•																					
	DISP/	ATC	H/D	ISP.	ATC	CH C	OM!	PAI	NY N	IAM	IE HI	RE	d	isp	atch	em	nail@	<u>@ei</u>	<u>ma</u> i	il.co	<mark>m h</mark>	<mark>ere</mark>
STATE					-																	
COUN.	ГҮ																					
	ary) cer the for	-				ng pe	erson(s	s) pe	rsona	ally a	ppear	ed bef	ore me	this	day, e	each	ackno	wled	gnigt	to m	e that	he or she
			_				Nam	e(s)	of Pri	ncipa	al(s) –	Carrie	/Truck	ing C	ompa	ny						
Date:																						
								_		Sign	nature	of No	 tarv		_							
/Of	ficia	LC	I	Ца						- 0			,									
וטו	ficia	1 36	zai	пе	re																	
								_	No	tary	Public	Printe	d Nam	ie	_							
								M	ly cor	nmis	sion e	cpires:			_							