



Dispatcher: A+ Dispatch Services LLC Email: Interposelogistics@gmail.com Phone: 321-219-7480

Website <https://www.interposelogistics.com> FAX: (772) 362-6897

DISPATCHER SERVICE AGREEMENT

I, _____ (**the carrier**), **Motor Carrier Number(MC)** _____ and **Department of Transportation Number(DOT)**, _____ hereby grants authorization or permission to: A+ Dispatch Services LLC to act as my **Dispatcher** for the sole purpose of searching for and booking loads, processing all **brokerage paperwork (BROKER/CARRIER AGREEMENTS AND RATE CONFIRMATIONS)** and obtaining and/or submitting all **necessary documents required (COPY OF MC AUTHORITY LETTER, COPY OF CARRIER'S CERTIFICATE OF INSURANCE, COPY OF CARRIER'S W9, and COPY OF CARRIER'S NOTICE OF ASSIGNMENT, if the carrier has a factoring company)**.

ALL BILLING, INVOICING, AND COLLECTIONS OF REVENUE FROM SHIPPERS, BROKERS AND/OR FACTORING COMPANIES

ARE THE SOLE RESPONSIBILITY OF THE CARRIER OR TRUCKING COMPANY, UNLESS A+ dispatch Services AND CARRIER OR TRUCKING COMPANY HAVE ARRANGED AND AGREED UPON ADDITIONAL SERVICES PROVIDED TO THE CARRIER OR TRUCKING COMPANY BY THE A+ Dispatch Services. If revenue for a shipment or shipments is uncollectible, A+ Dispatch Services will be held harmless and no penalty or deduction of fees will be made.

Carrier/Trucking Company agrees to maintain all proper licenses and permits **(UCR, IFTA, IRP, etc.)** to conduct business as a motor carrier in the area of intended operation, either Intrastate or Interstate. Additionally, Carrier/Trucking Company agrees to maintain **general liability (\$1 million)** and **cargo insurance (\$100,000)** at the amounts set forth by the home state of the carrier/trucking company.

A+ Dispatch Services LLC will be held harmless in the event of all claims.

STATEMENT OF WORK

YOUR DISPATCH COMPANY WILL:

1. **Fill out Broker Agreements on the client's behalf**
2. **Book loads on the Client's behalf.**
3. **Send rate confirmations to the carrier.**
4. **Find freight that best matches the profile for the Client.**
5. **Upon the Client agreeing to the load A+ Dispatch Services will fax or email shipper / broker the Clients, Authority, W-9, proof of insurance, and order insurance certificates if required, along with any other required supporting documentation.**

Limited Power of Attorney Form

I _____ with an MC or DOT number of _____ has made and appointed, I appoint **A+ Dispatch Services** 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 **A+ Dispatch Services**, 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:

YOUR DISPATCH COMPANY NAME HERE
Company Email here

CARRIER/TRUCKING COMPANY NAME: _____

Signature: _____

Printed Name: _____

Title: _____ Date: _____

WITNESS (Witness for Carrier)

Signature: _____ Printed Name: _____ Date: _____

The Fee for Dispatching Services will be 8% per load

8% We find the load and do all the back-end paperwork.

6% We find the load **YOU** do the paperwork and end communication.

When loads, freight, and cargo are picked up, delivered, and the Carrier/Trucking Company is paid FIRST, an amount equal to the above stated percentage/pricing scheme will be payable to: **A+ Dispatch Services LLC**. **NOTE: Invoices will be sent out on Saturday and must be paid by Wednesday by 6pm).**

Truck Company Phone Number: (____) _____ - _____ Truck
Company Email: _____

Either party has the right to end this agreement without cause at any time with seven (7) days' notice by written request.

Truck Company: _____

Truck Company Signature: _____

Carrier/Trucking Company Print name: _____

Date: ____/____/____

Dispatch Company: A+ Dispatch Services LLC

Date: ____/____/____

By signing below, I fully understand the terms of this agreement.

Dispatch Company Signature _____

Credit Card Authorization Form

PLEASE COMPLETE THIS AUTHORIZATION FORM AND RETURN TO A+
DISPATCH SERVICES LLC. All information will remain
confidential.

Cardholder Name (as it appears on card): _____

Billing Address of card: _____

Credit Card Type: Visa_MasterCard _____

Credit Card Number: _____

Expiration Date / /

CVV Code (3 digits located on back of
card):

I, _____ (company or cardholder name) authorize A+ DISPATCH SERVICE, **LLC** to charge
my credit card provided herein for the following services plus any payment processing fees: (Initial

boxes that apply)

Dispatch Service RATES: 8%	Initial		
		Billing Service: \$ <u>7</u> per invoice submission	Initial

I agree that I will pay for these services plus any payment processing fees in accordance with the
issuing bank cardholder agreement. All DISPATCHER fees must be paid via the credit card on file OR ZELLE
when the load is accepted by the CARRIER. IF the CARRIER falls off a load after accepting it, the CARRIER will be
responsible for a \$30 fee plus processing fees of \$300. CARRIER must, prior to the implementation, of this agreement
furnish to DISPATCHER.

If a load is tendered and accepted by me, I understand that I am responsible for paying A+ DISPATCH SERVICES, LLC as set out above.

Cardholder Signature:

Cardholder Name: (Print) Date: / / _____

Once completed and signed, return this form via one of the following methods: EMAIL: INTERPOSELOGISTICS@GMAIL.COM

FAX: (772) 362-6897