



***SPEEDY LOGISTICS***

DISPATCH SERVICE, LLC

**CARRIER AGREEMENT**



## *Speedy Logistics Dispatch Service, LLC*

We are pleased that you have decided to grant us the permission to act as your dispatching service. We understand how important your business is to you and as such, we will represent your company with integrity, professionalism and pride in all that we do.

Prior to the implementation of this agreement, info @ [speedy-dispatch.com](mailto:info@speedy-dispatch.com), sign and return the following documents either by email to info @ [speedy-dispatch.com](mailto:info@speedy-dispatch.com), or via fax at 804-625-4226. Returning all of the requested information will grant us the permissions that we need to keep your truck(s) loaded with top dollar freight.

### DOCUMENTS

- \_\_\_\_\_ Dispatch+Carrier Agreement
- \_\_\_\_\_ Limited Power of Attorney form
- \_\_\_\_\_ Carrier Profile Sheet
- \_\_\_\_\_ Truck Operation Form
- \_\_\_\_\_ Copy of Carrier's MC (Authority)
- \_\_\_\_\_ Copy of CDL license for each driver being dispatched
- \_\_\_\_\_ A signed W-9 form
- \_\_\_\_\_ Copy of insurance certificate

**\*\*\* We require at least \$1000,000 in cargo coverage and \$1,000,000 in liability insurance.\*\*\***

Once your paperwork is received and processed, your personalized dispatcher will begin to locate loads for you and will have a route planned out within 24-48 hours. You will also receive the log-in information to your very own carrier portal which will give you a streamlined and efficient way of keeping track of your load information for each week. The InnoPortal software can be accessed from any mobile or PC device.

For questions or concerns regarding this agreement, please send an email to: info @ [speedy-dispatch.com](mailto:info@speedy-dispatch.com).

Thank you for choosing Speedy Logistics Dispatch Service as your freight dispatching and logistics service. We are excited to start this journey with you!

*Dispatch + Carrier*  
**AGREEMENT**

**1. RECITALS**

This agreement is made as of this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ by and between Speedy Logistics Dispatch Service, LLC, hereinafter referred to as “DISPATCHER”, and Motor Carrier, \_\_\_\_\_, licensed by the FMCSA as an interstate carrier of property holding authority, MC # \_\_\_\_\_ and/or DOT \_\_\_\_\_, hereinafter referred to as “CARRIER”. CARRIER desires to retain DISPATCHER by way of executing a Limited Power of Attorney form to find, secure and dispatch freight for CARRIER’s equipment. DISPATCHER and CARRIER have, upon due consideration, determined that an agreement to their mutual advantage and best interest has been formed, and thereby agrees to the terms and conditions listed within this Agreement.

**2. RELATIONSHIP**

The relationship of CARRIER and DISPATCHER shall, at all times, be that of an independent contractor. DISPATCHER shall be the agent working on behalf of CARRIER to: search for loads, book/dispatcher loads, and handle all paperwork that is required to be completed with brokers and/or shippers. DISPATCHER is not a freight broker and is not acting in the capacity of a freight broker for the CARRIER.

**3. TERM AGREEMENT**

The term of this Agreement shall be effective upon the date signed by both parties to this Agreement and shall continue thereafter for a term of six months, of such date, and automatically from six months to six months thereafter, subject to the right of either party hereto to cancel the Agreement at any time upon not less than seven (7) days written notice by one party to another. CARRIER must send notification of intent to discontinue services with DISPATCHER either via email at [info @ speedy-dispatch.com](mailto:info@speedy-dispatch.com) or via a letter faxed to (804) 625-4226.

**4. RATE AGREEMENT**

x 10%

Flat fee of 10% of the gross rate of each load

**5. DEDICATED LANES**

All dedicated lanes obtained by DISPATCHER are subject to the flat rate of 10% for the duration of the length of this contract between DISPATCHER and CARRIER.

**6. DISPATCH SERVICE AGREEMENT**

DISPATCHER’s objective is to design a proactive logistics plan based on the CARRIER’s individualized preference(s). The logistics plan is influenced by the current situation on the market and/or region, in order to take advantage of the most profitable loads. DISPATCHER will find loads that best match the CARRIER’s



preference and will communicate such options with the CARRIER and/or its driver(s). Once the CARRIER agrees to accept the load, DISPATCHER will send all necessary and required supporting documents to the broker or shipper. Once the rate confirmation is received, it will be forwarded to the CARRIER for their records.

DISPATCHER agrees to:

- Find freight that best matches profile for CARRIER.
- Contact CARRIER with load matches and go over options.
- Fax to broker/shipper the CARRIER's Authority, W-9, proof of insurance, and order insurance certificates if required, along with any other required supporting documentation upon the CARRIER agreeing to take a load.
- Provide the driver with all dispatch instructions for pickup, transit and delivery. This information will be available on the InnoPortal app.
- Assist with any problems that arise in the transit of the load within our capabilities. The CARRIER is responsible for its own equipment. We will put forth our best effort to direct CARRIER to a service that might be of help.
- Hold on to all documentation until the load is completed. Once the load is completed, DISPATCHER will email or fax all documents to the CARRIER.

Complete invoicing to factoring company on behalf of CARRIER, if applicable.

## 7. COMPENSATION

CARRIER agrees to pay a total of 10% of the loads gross revenue booked by DISPATCHER on a weekly basis. DISPATCHER uses a calendar week of Sunday through Saturday for invoicing purposes. The amount due to DISPATCHER will be invoiced via email by 8:00pm EST every Saturday after all loads have been performed for the week. The payment is due by 10:00 a.m. EST every Monday. Payments may be submitted through invoice itself using a credit or debit card, or via Square or PayPal using the following email: [info@speedy-dispatch.com](mailto:info@speedy-dispatch.com). Payments made after 10:00 a.m. EST on any given Wednesday are subject to a \$100.00 late fee; which must be paid in addition to the original invoice amount. After 30 days the account may be placed for collection. All payments terms set for by DISPATCHER are final.

## 8. REFERRALS

DISPATCHER agrees to offer CARRIER the incentive of a \$250.00 referral fee for each additional carrier that is referred for dispatching services. The referred client must maintain dispatching services for four (4) full calendar weeks, at which point the \$250.00 referral fee will be applied as a deduction from CARRIER's standard weekly invoice on the fifth (5th) calendar week.

## 9. BILL OF LADING

Each shipment will be evidenced by a bill of lading issued by the receiving facility. CARRIER is responsible for submitting Bill of Lading to DISPATCHER immediately upon request. Bill of Lading can be submitted through the InnoPortal app.



#### **10. EQUIPMENT**

**CARRIER agrees to provide, operate and maintain in good working condition, motor vehicles and all allied equipment necessary to perform the transportation schedule in a safe, efficient and economical manner.**

#### **11. SUB-CONTRACT PROHIBITION**

**CARRIER specifically agrees that all freight booked by DISPATCHER shall be transported on equipment operated only under the authority of the CARRIER, and that CARRIER shall not in any manner sub-contract, booker, or in any other form arrange for the freight to be transported by a third party without the prior written consent of DISPATCHER.**

#### **12. DRIVERS**

**CARRIER agrees to provide properly qualified, trained, and licensed drivers to perform the transportation and related services under this Agreement and each transportation schedule in a safe, efficient, and economical manner. CARRIER's personnel are expected to conduct themselves in a professional manner at all times and shall ascertain and comply with all of customer's facility rules and regulations while on customer's premises.**

#### **13. FREIGHT LOSS, DAMAGE, OR DELAY**

**It will be the responsibility of the CARRIER to handle directly with the shipping party any: overages, shortages, damages, or billing and collections issues. In no event will DISPATCHER 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 will have the sole and exclusive care, custody and control of the shipper's property from the time it is picked up for transportation, until it is delivered to the destination. CARRIER assumes the liability of a common carrier for loss, delay, damage, or destruction of any and all of shipper's goods or property while under the CARRIER's care. 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. Payments owed to DISPATCHER by CARRIER, pursuant to the provisions of this particular section, shall be made within thirty (30) days following receipt of customer's invoice and supporting documentation for the claim.**

#### **14. INDEMNIFICATION**

**CARRIER agrees to indemnify, defend, and hold DISPATCHER and its customer (including their officers, directors, employees, subcontractors, and agents) harmless from and against any and all liabilities, damage, fines, penalties, costs, claims, demands and expenses. CARRIER shall be responsible for and agrees to indemnify DISPATCHER from any and all: personal injury, property damage, loss, claim, injury, obligation, or liability arising from CARRIER's actions pursuant to this agreement.**



#### 15. DISCLAIMERS

DISPATCHER is NOT responsible for:

1. Billing Issues.
  2. Load problems.
  3. Advances.
- All advances will have to be handled directly between CARRIER and shipper or broker.
  - 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.

#### 16. GOVERNING LAW, JURISDICTION AND VENUE

This agreement shall be governed by and construed in accordance with laws of the State of Virginia both as interpretation and performance. DISPATCHER and CARRIER hereby consent to and agree to submit to the jurisdiction of the federal and state courts located in Chesterfield County, Virginia in connection with any claims or controversies arising out of this Agreement.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the first date written.

Speedy Logistics Dispatch Service, LLC

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

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

\_\_\_\_\_  
(Signature of Carrier)

\_\_\_\_\_  
(Signature of Dispatcher)

\_\_\_\_\_  
(Print Carrier's Name)

\_\_\_\_\_  
(Print Dispatcher Name)

CARRIER

OWNER/FREIGHT DISPATCHER

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Title)



## *Limited Power Of Attorney*

This Limited Power of Attorney Agreement is made effective on \_\_\_\_\_ (date) between Speedy Logistics Dispatch Service, LLC a company established under the laws of the State of Virginia and hereinafter referred to as DISPATCHER, and \_\_\_\_\_

(Motor Carrier Company), with a MC# \_\_\_\_\_ and/or DOT number of \_\_\_\_\_, hereinafter referred to as CARRIER. CARRIER hereby appoints DISPATCHER as Attorney-in-Fact. DISPATCHER's agents shall have full power and authority to and conduct affairs and to exercise all rights and powers for the specific purpose of contracting loads of freight to be hauled by CARRIER. CARRIER is giving and granting every and all act that is necessary within the scope of the specific terms set out herein. DISPATCHER's powers shall include, but not be limited to the power to:

- Provide professional dispatch services, including the power to contact drivers, shippers, and brokers on CARRIER's behalf for cargo
- Transfer paperwork such as carrier packets, rate confirmations, insurance certificates, invoices, and all other necessary paperwork to shippers and brokers
- Sign and execute rate confirmations and other related documents for freight.

DISPATCHER shall not be liable for any loss that results from a judgement error that was made in good faith, however, DISPATCHER shall be liable for willful misconduct or the failure to act in good faith, while acting under the authority of this Power of Attorney. I authorize DISPATCHER to indemnify and hold harmless any third party who accepts and acts under this document.

This power of attorney shall be construed broadly as a General Power of Attorney. The listing of specific powers is not intended to limit or restrict the general powers granted in this Power of Attorney in any manner. This Power of Attorney shall become effective understands that such revocation is to be sent in writing, by emailing [info@speedy-dispatch.com](mailto:info@speedy-dispatch.com). CARRIER understands that should a written revocation be sent to [info@speedy-dispatch.com](mailto:info@speedy-dispatch.com), a confirmation/receipt of the email will be sent in response of CARRIER.

In witness whereof, the parties hereto have executed the Agreement as of the date first written.

Speedy Logistics Dispatch Service, LLC

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

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

\_\_\_\_\_  
(Signature of Carrier)

\_\_\_\_\_  
(Signature of Dispatcher)

\_\_\_\_\_  
(Print Carrier's Name)

\_\_\_\_\_  
(Print Dispatcher Name)

CARRIER

OWNER/INDEPENDENT FREIGHT  
DISPATCHER

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Title)



## Carrie Profile Sheet

Completing this form will assist us in finding and securing loads and lanes that best suit the needs of your company. The better informed we are, the better we will be able to assist you. This form can be updated at any time. This information is for our use only and will not be release to any third party without your express written permission.

### PART 1: CARRIER INFORMATION SECTION

COMPANY NAME: \_\_\_\_\_

DBA (If Any): \_\_\_\_\_

(Doing Business As)

PHYSICAL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MAIN CONTACT NAME: \_\_\_\_\_

DOB# \_\_\_\_\_  
(Date of birth)

E-MAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX # \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

EMERGENCY  
PHONE: \_\_\_\_\_

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

DOT# \_\_\_\_\_

EIN# \_\_\_\_\_

SCAC CODE \_\_\_\_\_ TWIC CERTIFIED \_\_\_\_\_

HAZMAT CERTIFIED \_\_\_\_\_

### PART 2: EQUIPMENT SECTION

NUMBER OF TRUCKS: \_\_\_\_\_

NUMBER OF TRAILERS: \_\_\_\_\_

DRY VANS: \_\_\_\_\_ REEFERS: \_\_\_\_\_ FLATEBED: \_\_\_\_\_ OTHER: \_\_\_\_\_

TRAILER SIZES: VAN: \_\_\_\_\_ REEFER: \_\_\_\_\_ FLATBED: \_\_\_\_\_

OTHER: \_\_\_\_\_





**DETAILED DESCRIPTION OF EQUIPMENT (PALLETS, TARPS, OVERSIZE AND WRIGHT LIMITS):**

---

---

---

---

---

---

**PART 3:SERVICE AREAS OF OPERATION (PLEASE CHECK ALL THAT APPLY)**

**UNITED STATES:**     ☒ **All 48 States (USA)**

AL	AR	AZ	CA	CO	CT	DE	FL	GA	IA	ID	IL	
IN	KS	KY	LA	MA	MD	ME	MI	MO	MN	MS	MT	
NC	ND	NE	NH	NJ	NM	NV	NY	OH	OK	OR	PA	
RI	SC	SD	TN	TX	UT	VA	VT	WA	WI	WV	WY	

**PART 4: RATE INFORMATION**

**Please provide us with your ideal (reasonable) rate per mile request. We understand that many factors will change this information, but this will give us a starting point.**

**IDEAL RATE PER MILE: \$**\_\_\_\_\_

**IDEAL WEEKLY GROSS MINIMUM \$**\_\_\_\_\_

**COMMENTS/ADDITIONAL PREFERENCES:**

---

---

---

---

---

---



#### PART 5: FACTORING INFORMATION SECTION

If your trucking company utilizes a factoring service, please provide us the information listed below. This will ensure that we only use brokers that are approved by your factoring company.

FACTORING COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

#### PART 6: INSURANCE INFORMATION SECTION

INSURANCE CARRIER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

#### PART 7: REFERRAL'S (OPTIONAL)

Please list three (3) owner operators who you believe might benefit from our dispatching service.

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

Cell: \_\_\_\_\_

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

Cell: \_\_\_\_\_

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

Cell: \_\_\_\_\_

## Request for Taxpayer

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Print or type.**  
**See Specific Instructions on page 3.**

<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
<b>2</b> Business name/disregarded entity name, if different from above	
<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ►	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
<b>5</b> Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code	
<b>7</b> List account number(s) here (optional)	

**Part I** Taxpayer Identification Number (TIN)

Social security number									
				-				-	

**Or**

Employer identification number								
			-					

## Part II Certification

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	<b>Signature of U.S. person ►</b>
----------------------	---------------------------------------

Date ►

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*