

## DISPATCHER – CARRIER AGREEMENT

This Agreement is made this \_\_\_\_\_ day of \_\_\_\_\_,

20 \_\_\_\_\_, by and between "BRA & RIC TRANSPORTATION LLC", hereafter

referred to as

DISPATCHER, and \_\_\_\_\_

\_\_\_\_\_ Hereinafter referred to as CARRIER. WHEREAS, DISPATCHER is a transportation dispatcher handling the necessary paperwork between a SHIPPERS and the CARRIER in order to secure "CARGO" for said CARRIER.

WHEREAS, CARRIER is a Motor CONTRACT Carrier subject to the jurisdiction of the ICC: NOW, THEREFORE, in consideration of the promises and covenants hereinafter contained it is mutually agreed by and between parties hereto as follows :

### OBLIGATIONS OF DISPATCHER

1. DISPATCHER agrees to handle paperwork, phone; fax calls to, from the BROKER or SHIPPER 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.
2. DISPATCHER bears no financial or legal responsibility in the transaction between the SHIPPERS, CARRIER agreement.
3. DISPATCHER will:
  - a) Make 100% effort to keep truck(s) loaded.
  - b) CARRIER will be contacted about EVERY load we find to offer, and the driver

c) Invoice the CARRIER at time of service; also provide a copy of each Load Confirmation Sheet CARRIER is being billed for.

4. CARRIER agrees to pay a fee of 10% or a flat fee of \$150 per-week after initial set up

5. CARRIER gives DISPATCHER authority to provide his/her signature for rate confirmation sheets, invoices and associated paperwork necessary for securing cargo and billing purposes. The terms of this agreement shall be perpetual, provided that either party may terminate same by giving 30 days written notice to the other.

6. SHIPPER agrees to pay CARRIER promptly, following receipt of a freight bill and proof of delivery of each shipment to its assigned destination, free of damage or shortage. The amount to be paid by SHIPPER to CARRIER shall be established between parties on a per shipment basis prior to commencement of each individual shipment. A load confirmation including details of shipment and Revenue to be paid will be supplied via FAX or EMAIL by SHIPPER to CARRIER. Confirmation will be signed by DISPATCHER and returned via FAX or EMAIL to SHIPPER.

Payments are due to the DISPATCHER for services rendered and payments that are due to the DISPATCHER for services rendered are not contingent on outstanding company payments due to the CARRIER for loads that he/she has hauled for the SHIPPER OR BROKER.

Failure to pay the DISPATCHER for services rendered will result in termination of contract and services immediately unless otherwise determined by the DISPATCHER.

BRA & RIC TRANSPORTATION LLC "

BY: \_\_\_\_\_

TITLE: Dispatcher/Owner

DATE:

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

BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

#### POWER OF ATTORNEY

*Company Name* \_\_\_\_\_

*MC#* \_\_\_\_\_

*Address* \_\_\_\_\_

*City* \_\_\_\_\_

*State* \_\_\_\_\_

*Zip* \_\_\_\_\_

*Phone ( )* \_\_\_\_\_

*Fax ( )* \_\_\_\_\_

*Email Address* \_\_\_\_\_

I, \_\_\_\_\_ hereby appoint BRA & RIC  
TRANSPORTATION " of "444 WILLOW LANE HUETOWN, ALABAMA 35023",  
as

my Attorney-in-Fact ("Agent"). "BRA & RIC TRANSPORTATION " agents shall  
have full power

and authority to act on my behalf. This power and authority shall authorize "BRA &  
RIC

TRANSPORTATION LLC " to manage and conduct affairs and to exercise all of my  
legal rights

and powers, including all rights and powers that I may acquire in the future.

" \_\_\_\_\_ " powers shall include, but not be limited  
to, the power to:

1. Contact shippers and brokers on my behalf for cargo.
2. Transfer of Paperwork (Carrier Packet, Rate Confirmations, Insurance Certificates, Invoices and all necessary Paperwork) to shippers.
3. Sign and Execute Rate Confirmations for freight on my behalf.

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.

"BRA & RIC TRANSPORTATION LLC " shall not be liable for any loss that results from a judgment error that was made in good faith. However, "BRA & RIC TRANSPORTATION LLC" 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 my Agent to indemnify and hold harmless any third party who accepts and acts under this document. "BRA & RIC TRANSPORTATION LLC " shall be entitled to reasonable compensation for any services provided as my Agent. "BRA & RIC TRANSPORTATION LLC" shall be entitled to reimbursement of all reasonable expenses incurred in connection with this Power of Attorney. "BRA & RIC TRANSPORTATION LLC" shall provide an accounting for all acts performed as my Agent, if I so request or if such a request is made by any authorized personal representative or fiduciary acting on my behalf. This Power of Attorney shall become effective immediately and shall not be affected by my disability or lack of mental competence, except as may be provided otherwise by an applicable state statute. This is a Durable Power of Attorney. This Power of Attorney shall continue effective for (12 Months). This Power of Attorney may be revoked by me at any time by providing (30 Days) written notice to my Agent.

Dated \_\_\_\_\_, 20\_\_

\_\_\_\_\_ Signature

\_\_\_\_\_ Printed Name

## CARRIER / COMPANY 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 able to assist you. This form can 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- I: CARRIER PROFILE INFORMATION SECTION:

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

\_\_\_\_\_  
D/B/A (If  
Any): \_\_\_\_\_

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

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

CITY: \_\_\_\_\_

\_\_\_\_\_  
STATE: \_\_\_\_\_

\_\_\_\_\_  
ZIP: \_\_\_\_\_ MAIN CONTACT: \_\_\_\_\_

\_\_\_\_\_  
OFF. PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ CELL: \_\_\_\_\_

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

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

\_\_\_\_\_  
WEBSITE IF ANY  
\_\_\_\_\_

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

MC# \_\_\_\_\_ EIN# \_\_\_\_\_ TWICCERTIFIED# \_\_\_\_\_

HAZEMAT CERTIFIED# \_\_\_\_\_

**PART-II: E QUIPMENT SECTION:**  
(For more than one truck use the multiple truck form)

**VAN E QUIPMENT**

48'VAN: \_\_\_ 53'VAN: \_\_\_ AIRRIDE: \_\_\_ VENTED: \_\_\_  
ETRACK: \_\_\_ LOGISTICS: \_\_\_ LOAD BARS: \_\_\_ STRAPS: \_\_\_ PADS: MAX  
LOAD WEIGHT: \_\_\_\_\_  
COMMENTS: \_\_\_\_\_

**REEFER E QUIPMENT:**

48'REF: \_\_\_ 53'REF \_\_\_ AIRRIDE: \_\_\_ PALLETS: \_\_\_  
ETRACK: \_\_\_ LOAD BARS : \_\_\_  
COMMENTS:

**FLATBED / SPECIALIZED E QUIPMENT:**

45'FLAT: \_\_\_ 48'FLAT: \_\_\_ 53'FLAT: \_\_\_ 48'STEP DECK \_\_\_  
53'STEP DECK: \_\_\_ RGN: \_\_\_ IF SO SIZE: \_\_\_

RAMPS \_\_\_\_\_ LEVELERS: \_\_\_\_\_ CHAINS: \_\_\_\_\_ STRAPS: \_\_\_\_\_  
TRAPS: \_\_\_\_\_ SIDES : \_\_\_\_\_ OVER SIZE: \_\_\_\_\_  
MAX LOAD WEIGHT: \_\_\_\_\_

**PART-III: SERVICE AREAS OF OPERATION:**  
(Check all that apply)

United States: [48 States

<input type="checkbox"/> AL	<input type="checkbox"/> MD	<input type="checkbox"/> SC
<input type="checkbox"/> AR	<input type="checkbox"/> ME	<input type="checkbox"/> SD
<input type="checkbox"/> AZ	<input type="checkbox"/> MI	<input type="checkbox"/> TN
<input type="checkbox"/> CA	<input type="checkbox"/> MO	<input type="checkbox"/> TX
<input type="checkbox"/> CO	<input type="checkbox"/> MN	<input type="checkbox"/> UT
<input type="checkbox"/> CT	<input type="checkbox"/> M	<input type="checkbox"/> VA
<input type="checkbox"/> DE	<input type="checkbox"/> S	<input type="checkbox"/> VT
<input type="checkbox"/> FL	<input type="checkbox"/> MT	<input type="checkbox"/> WA
<input type="checkbox"/> GA	<input type="checkbox"/> NC	<input type="checkbox"/> WI
<input type="checkbox"/> IA	<input type="checkbox"/> NO	<input type="checkbox"/> WV
<input type="checkbox"/> ID	<input type="checkbox"/> NE	<input type="checkbox"/> WY
<input type="checkbox"/> IL	<input type="checkbox"/> NH	
<input type="checkbox"/> IN	<input type="checkbox"/> NJ	
<input type="checkbox"/> KS	<input type="checkbox"/> NM	
<input type="checkbox"/> KY	<input type="checkbox"/> NV	
<input type="checkbox"/> LA	<input type="checkbox"/> NY	
<input type="checkbox"/> MA	<input type="checkbox"/> OH	
	<input type="checkbox"/> Ok	
	<input type="checkbox"/> OR	
	<input type="checkbox"/> PA	
	<input type="checkbox"/> RI	


Canada:  AB  BC  MB  ON  QB  K

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: \_\_\_\_\_

COST PER EXTRA STOP: \_\_\_\_\_

MAX DROPS \_\_\_\_\_

**PART- IV: FACTORING INFORMATION:**

If you use a 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 \_\_\_\_\_

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

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

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

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

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

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



**PART-V: INSURANCE INFORMATION:**

Please note: We do require our carriers to maintain a minimum of \$1 Million in liability and \$100,000.00 in Cargo insurance.

INSURANCE COMPANY:

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CONTACT:

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PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL:

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ADDRESS:

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CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE:

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## MULTIPLE TRUCK OPERATION FORM

Please complete this form if you are a trucking company with more than one (1) truck working under your authority.

Truck # Trailer# Max weight Driver cell

Truck	Trailer	Max weight	Driver	Cell	

Notes:

1. Does the assigned driver have the right to make load decision for you?

\_\_\_\_\_

2. Does the driver need to have a copy of the load confirmation?

\_\_\_\_\_

3. Do we need to do the initial dispatch of the driver, or will you?

\_\_\_\_\_

4. Other: \_\_\_\_\_

## Credit/Debit Card Authorization Form

Please print out and complete this authorization and return to us.

All information will remain confidential.

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

Billing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ Master-card \_\_\_\_\_ Discover \_\_\_\_\_ Am-ex \_\_\_\_\_

Debit Card

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card identification Number (last 3 digit located on the back of the credit card:

\_\_\_\_\_

## Declaration

I \_\_\_\_\_, do hereby authorize  
BRA & RIC TRANSPORTATION LLC . and any other billing agencies associated to  
their  
operation, to perform the charges of \$34.99 plus \$0.50 cents of transaction fee will be  
charged for every load. I recognize these charges and make full acknowledgment of  
them  
in my credit/debit card statement.

Signed: \_\_\_\_\_

Date \_\_\_\_\_