# West Family Logistics, LLC

## Dispatcher to Carrier Agreement

| This Agreement is made on this       | day of              | , 20                 | , by and between      | ı "High Speed  |
|--------------------------------------|---------------------|----------------------|-----------------------|----------------|
| Logistics", hereafter referred to as | DISPATCHER, and_    |                      |                       | , hereinafter  |
| referred to as CARRIER. DISPATCHE    | R is a transportati | on dispatcher han    | dling the necessary   | paperwork      |
| between SHIPPERS and/or BROKER       | S and the CARRIER   | R in order to secur  | e "Freight" for said  | CARRIER.       |
| WHEREAS, CARRIER is a Motor CON      | ITRACT Carrier sub  | oject to the jurisdi | ction of the ICC: NO  | W,             |
| THEREFORE, in consideration of the   | promises and cov    | venants hereinafte   | er contained it is mu | itually agreed |

#### **OBLIGATIONS OF DISPATCHER**

by and between the parties hereto as follows:

- 1. DISPATCHER agrees to handle paperwork, phone calls, and faxes 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 SHIPPER or Broker and you the CARRIER.
- 3. Dispatcher will find ALL your loads so there is no mix ups.
- 4. DISPATCHER will:
- A. make 100% effort to keep truck(s) loaded.
- B. CARRIER will be contacted (by phone call/text/email) about EVERY load we find to offer, and the driver will ACCEPT or REJECT the load.
- C. Invoice the CARRIER at the time of service; also provide a copy of each Load Confirmation Sheet.
- D. Payment is due to DISPATCHER at time of invoice.

#### **OBLIGATIONS OF Carrier**

- 1. CARRIER agrees to pay a flat rate fee of 8% per load. You will be invoiced once weekly, the invoice will be sent out Friday, for all your weekly loads, and due Sunday.
- 2. CARRIER gives DISPATCHER authority to provide his signature for rate confirmation sheets, invoice and associated paperwork necessary for securing cargo and billing purposes. The terms of this agreement shall be continuous, provided that either party may terminate this agreement at anytime.
- 3. SHIPPER agrees to pay CARRIER promptly, following receiving the invoice. The amount to be paid by SHIPPER to CARRIER shall be established between the 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 EMAIL by SHIPPER/BROKER/DISPATCHER to CARRIER. Confirmation will be signed by DISPATCHER and returned via FAX or EMAIL to SHIPPER/ BROKER.

Payments are due to the DISPATCHER for services rendered are not contingent on outstanding 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 the agreement and services immediately unless otherwise determined by the DISPATCHER.

| "West Family Logistics, LLC" |   |
|------------------------------|---|
| By: Antoine West             |   |
| Title: Owner/ C.E.O.         |   |
| Signature:                   |   |
| Date:                        |   |
|                              |   |
| CARRIER (company name):      |   |
| TITLE:                       | - |
| Print name:                  |   |
| Signature:                   | _ |
| Date:                        | _ |

We will also need the following from your company to start working for you!

- 1. A completed W9 Form. We have one you can fill out if you don't have one.
- 2. A Copy of your Motor Carrier Authority Form.
- 3. A Copy of your Insurance Certificate.

## 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:           |                   | CITY:                        | STATE:                |
|                             |                   | OFFICE PHON                  |                       |
| FAX:                        | CELL:             |                              |                       |
| EMERGENCY CONTACT:          |                   | PHONE:                       |                       |
| WEBSITE IF ANY:             |                   |                              |                       |
| DOT #:<br>HAZMAT CERTIFIED: |                   | SSN/EIN #:                   | TWIC CERTIFIED:       |
|                             | PART              | 2: EQUIPMENT SECTION:        |                       |
|                             | (For more than o  | ne truck use the multiple tr | uck form)             |
| EQUIPMENT:                  |                   |                              |                       |
| 48' VAN/Reefer: 5           | 3' VAN/Reefer:    | _ FLATBED/STEPDECK/HO        | TSHOT Trailer length: |
| AIR RIDE:                   |                   |                              |                       |
| Truck/Trailer Number: _     |                   |                              |                       |
| ***ALL FLATBEDS MUST        | Γ HAVE FULL SECUR | EMENT EQUIPMENT TO INC       | CLUDE TARPS***        |
| Max Load Weight:            |                   |                              |                       |
| Comments:                   |                   |                              |                       |
|                             |                   |                              |                       |

## PART 4: FACTORING INFORMATION:

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

| FACTORING COMPANY NA    | ME:      |           |   |
|-------------------------|----------|-----------|---|
| CONTACT:                |          |           | _ |
| PHONE:                  |          |           | _ |
| FAX:                    |          |           | _ |
| WEBSITE:                |          |           | _ |
| BILLING ADDRESS:        |          |           |   |
| CITY:                   | _ STATE: | ZIP CODE: |   |
| Web Portal username/pas | sword:   |           |   |

We will need the login information for your factoring company to run credit checks.