



Trip-Jet Logistics, LLC

DISPATCH CARRIER FORM

Date: ____/____/____

CARRIER NAME: _____

This Agreement is made on this Date of Service of form submitted by and between "Trip-Jet Logistics" hereafter referred to as DISPATCHER and CARRIER, named above. DISPATCHER is a transportation dispatcher handling the necessary paperwork between SHIPPERS and/or BROKERS and the CARRIER in order to secure "Freight" 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 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:
 - 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 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 flat rate fee of 8% per load. Which will be billed and due the day after delivery for the first. After the first week, you will be invoiced once weekly, which 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 same by giving 30 days written notice to the other.
3. SHIPPER agrees to pay CARRIER promptly, following receiving the invoice. 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 ad revenue to be paid will be supplied via FAX or EMAIL by SHIPPER/BROKER/DISPATCHER to CARRIER.

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 1: CARRIER PROFILE INFORMATION SECTION

Contact Name *

First Name Last Name

Office Phone *

Area Code Phone Number

Cell Phone

Area Code Phone Number

Fax

Area Code Phone Number

Address *

Street Address

example@example.com

Street Address Line 2

City State / Province

Postal / Zip Code

Website

DOT #

MC #

SSN/EIN #

TWIC CERTIFIED: (Y/N)

HAZ MAT CERTIFIED: (Y/N)

PART 2: EQUIPMENT SECTION

(For more than one truck, use the multiple truck form)

VAN EQUIPMENT : 48" _____

53" _____

Max Load Weight

Select One

Trailer Model Type/Number

E-TRACK

HOTSHOT/Trailer Length

Vented

Straps

Logistics

Pads

Tarps

AIRRIDE

Load Bars

Comments:

PART 3: 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 Name

Contact Name *

Prefix First Name Middle Name Last Name Suffix

Phone Number

Area Code Phone Number

Fax Number

Area Code Phone Number

Website

Billing Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

PART 4: 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 _____

Agent _____

Coverage Period

Phone Number

Area Code Phone Number

Fax Number

Area Code Phone Number

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

PART 5: OTHER INFORMATION

Please use the following section to better describe your company with any information that we have not already asked for.

Additional Information:

CREDENTIALS & DOCUMENTS

We must have the following documents to start working for you. Please upload them to our website, or email or fax them to us separately.

1. A completed W9 Form. (If you don't have one, you can download one from our website).
2. A copy of your Motor Carrier Authority Form.
3. A copy of your Insurance Certificate

Confirmation will be signed by CARRIER and electronically delivered to DISPATCHER. Payments are due to the DISPATCHER for services rendered and are not contingent on outstanding payments due to the CARRIER for loads that (s)he has hauled for the SHIPPER or BROKER.

Your electronic signature below confirms that you agree to the stated terms. Failure to pay the DISPATCHER for services rendered will result in immediate termination of contract and services unless otherwise determined by the DISPATCHER.

TRIP JET LOGISTICS, LLC

BY: Eric E. Walker, Jr.

Title: Owner/C.E.O.

Date: ____/____/____

SIGNATURE:

Eric E. Walker, Jr.

Print Carrier Authorized Name *

Title:

Date:

Signature