Promise Dispatch Solutions, Inc

Dispatch Agreement

*Welcome To The Team!*

We are so glad you have decided to utilize the Dispatch Program of Promise Dispatch Solutions, Inc. We have a sincere heart to help your business grow and prosper.

The owner operator is the backbone of the trucking industry. It is your hard work and dedication that ships so much of America’s freight on a daily basis. You should be represented and assisted by a team that understands and works with your best interest in mind at all times.

Shippers have brokers looking out for them, now you have a company that will be your eyes and ears on every load. You have the support you need to grow and prosper in this industry! We thank you for using our services and we know that you will not regret it. All we ask for is open and honest communication.

We pride ourselves on our ability to work with direct shippers on your behalf and truly build relationships in this industry. We are in this for the long haul, no short steps, no short cuts just healthy growth. If this sounds like a team you want to be a part of, complete the package and welcome aboard!

Marja Broussard

***Promise Dispatch Solutions, Inc.***

PO. Box 91582

Lafayette, LA 70509

337-469-1963

info@promisedispatch.com

[www.promisedispatch.com](http://www.promisedispatch.com/)

**Agreement for Transportation Dispatching Services**

1. RECITALS

This agreement made as of this \_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20­­\_\_\_ by and between

**Promise Dispatch Solutions, Inc.** and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereinafter referred to as Client, desires to retain **Promise Dispatch Solutions, Inc**. by executing a limited Power of Attorney form to find and secure Transportation Mode for Client . Client must furnish **Promise Dispatch Solutions, Inc.** with the following documents prior to the implementation of this agreement:

* A signed Limited Power of Attorney form
* A signed W-9 form
* Copy of Carrier’s Authority
* Proof of Insurance Certificate
* This Agreement form completed, dated, and signed **Initials \_\_\_\_\_**

2. EFFECTIVE DATE

This Agreement shall be in effect upon the date signed by both parties to this Agreement and shall be in effect until the revocation of the Limited Power of Attorney.

**Initials \_\_\_\_\_**

3. STATEMENT OF THE WORK

**Promise Dispatch Solutions, Inc.** will:

* Find freight that best matches the profile of the Carrier.
* When necessary, **Promise Dispatch Solutions, Inc.** will fax/email to broker/shipper the Carriers MC Authority, W-9, proof of insurance along with any other required supporting documentation.
* Handle the setting of all required appointments.
* Prepare directions to shipper/consignee, if necessary.
* Assist with any problems that arise in the transit of the load, when necessary, within

our capabilities. Carrier is responsible for own equipment; we can direct you to a service that may be helpful.

* All load information is always available to the Carrier. **Initials \_\_\_\_\_**

4. Consideration

**The Carrier agrees to pay Promise Dispatch Solutions, Inc.**

**INITIAL ONLY ONE BELOW**

**8% Initials \_\_\_\_\_ 9% Initials \_\_\_\_\_ 10% Initials \_\_\_\_\_of each booked load.** All payments are due once a load has been delivered, no exceptions. Payments are made via credit card, debit card or via your factoring company. If payments are not made on time, there will be no loads moved until arrangements are made and/ or payment is received. NO Exceptions. **\*\*Please note our preferred method of payment is through your factoring company\*\***

**Initials \_\_\_\_\_**

**4b.**

**If your preferred method of payment to dispatchers is not listed in this agreement, please inform us at the time of signing. We are open to discussing alternative payment methods to accommodate your needs.**  Initials \_\_\_\_\_

5. Additional Provisions

Once a load has been set up for the Client and all information is given, **Promise Dispatch Solutions, Inc.** will represent the Client in handling any problems, issues, delays, overages, shortages, and damages if any should occur. **Promise Dispatch Solutions, Inc.** has no liability for any of these things that occur but will act as a company representative in getting things resolved between carrier and client.

* In no event will **Promise Dispatch Solutions, Inc.**  be liable for any incidental, consequential or indirect damages for the loss of profits, or business interruption arising out the use of the service.
* Client agrees to hold harmless, before, during, and after the contract, all direct or indirect damages resulting from client hauling of broker’s and shipper’s freight. This includes, but is not limited to loading problems or issues, delays, overages, shortages, damages, billing or collection issues, and hours of services.
* **Promise Dispatch Solutions, Inc.**  will work within the established parameters of the Client’s Company Profile.
* **Promise Dispatch Solutions, Inc.**  will notify Client of load’s required qualifications or additional insurance. **Initials \_\_\_\_\_**

6. DISCLAIMER – **Promise Dispatch Solutions, Inc.** is not responsible for:

* Billing issues
* Load problems of any nature
* DOT compliance issues

**Initials \_\_\_\_\_**

7. Governing Law - This agreement is governed by and constructed in accordance with the laws of the state of **Louisiana,** without giving effects to any choice of law or conflict of laws, provisions, or rules (whether of the state of  **Louisiana,**  or any other jurisdiction governed by laws) that would cause the application of the laws of any jurisdiction other than those of the state of **Louisiana**.

**Initials \_\_\_\_\_**

8. JURISDICTIONS AND VENU

**Promise Dispatch Solutions, Inc.** and the Carrier hereby consent to and agree to submit to the

Jurisdiction of the Federal and state courts located in Lafayette, LA in connection with

any claims or controversies arising out of the Agreement. **Initials \_\_\_\_\_**

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

Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Promise Dispatch Solutions, Inc.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name: Marja Broussard

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: Owner

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

**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 INFORMATION SECTION**

COMPANY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_D/B/A (If Any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY: \_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY: \_\_\_\_\_\_\_\_\_\_\_STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_\_

MAIN CONTACT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

MC NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_ DOT NUMBER: \_\_\_\_\_\_\_\_\_\_ EIN /SS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TWIC CERTIFIED: \_\_\_\_\_\_\_\_\_\_HAZMAT CERTIFIED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART 2: EQUIPMENT SECTION**

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

NUMBER OF TRAILERS: VAN: \_\_\_\_\_ REEFERS: \_\_\_\_ FLATBED: \_\_\_\_

TRAILER SIZES: VAN: \_\_\_\_\_ REEFER: \_\_\_\_ FLATBED: \_\_\_\_ TARPS Y/N

Truck# \_\_\_\_\_\_\_\_\_\_ Trailer# \_\_\_\_\_\_\_\_\_\_\_ E-track Y/N Pallet Jack Y/N Lift gate Y/N

Are you ELD compliant? Y/N – If yes, what service do you use?

**One of the most important parts of our services for many of our customers is keeping their trucks rolling. To better understand your needs please complete the bottom section on the following page. We can only be as accurate as the information you provide.**

**PART 3: FACTORING INFORMATION SECTION**

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

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_ ZIP: \_\_\_\_\_\_

**\*\*We will need a Notice of Assignment from your factoring company\*\***

**PART 4: INSURANCE INFORMATION SECTION**

INSURANCE AGENCY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CONTACT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE: \_\_\_\_\_ZIP: \_\_\_\_\_\_\_\_\_

**PLEASE USE THE FOLLOWING SECTION TO PROVIDE ANY ADDITIONAL INFORMATION ABOUT YOUR COMPANY.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Office Use Only:**

Updated on \_\_\_/\_\_\_/\_\_\_\_ Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_

**PART 5: Limited Power of Attorney Form**

BE IT KNOWN, that\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with an MC or DOT number of\_\_\_\_\_\_\_\_\_\_\_ , has made and appointed, and by these presents does make and appoint **Promise Dispatch Solutions, Inc.**  true and lawful representative for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, place and stead, for the limited and specific purpose of contracting loads of freight to be hauled by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , giving and granting said **Promise Dispatch Solutions, Inc.**  , 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 representative 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 either party in writing. Such revocation is to be mailed to: **Promise Dispatch Solutions, Inc. PO. Box 91582 Lafayette, LA 70509**

COMPANY NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COMPANY NAME: **Promise Dispatch Solutions, Inc.**

Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Authorize Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name: Marja Broussard

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: Owner

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