# Dispatcher To Carrier *On-Boarding* Paperwork

KING TUT

KING TUT LOGISTICS LLC
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Address: 19 8th Street South PMB 308
Fargo, ND 58103

**WHAT WE NEED TO DO BUSINESS AND GET YOU A LOAD**

- Filled & Signed Dispatcher Service Agreement
- Filled Carrier Profile Form
    - Carrier Information
    - Contact Details
    - Equipment Information
    - Multiple Truck Form
    - Dispatch Information
    - Carrier Pay
- Copy of Motor Carrier Authority
- NOA (only if using factoring company)
- Copy of your Insurance certificate
- Signed W-9 form

# Dispatcher Service Agreement

I, _____ the carrier/ the owner-operator (Hereinafter referred to as CARRIER), Owner of (Carrier's Company name)_____ hereby grants authorization or permission to KING TUT LOGISTICS LLC. (Hereinafter referred to as Dispatcher) to act as my Dispatcher/ Logistics manager for the sole purpose of searching for and booking loads, processing all brokerage paperwork, and obtaining and /or submitting all necessary documents required in order to expedite loads and dispatch via telephone, fax or email for my truck(s).

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, and fax calls to, and 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 BROKER or SHIPPER, CARRIER agreement.
3. Dispatcher will find ALL your loads.
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 the time of invoice.

## OBLIGATIONS OF CARRIER

1. CARRIER agrees to pay DISPATCHER (3%-8% variable of the face value of load) as agreed upon in the contract between the BROKER or SHIPPER, CARRIER and as stated on the load confirmation sheet. At the time of dispatching all equipment types, CARRIER agrees and understands that the percentage fee will be charged per booked load and invoiced weekly every Friday via emailed invoice.
2. All billing, invoicing, and collections of revenue from SHIPPERS / BROKERS and/or FACTORING COMPANIES are the sole responsibility of the CARRIER. unless DISPATCHER and CARRIER have arranged and agreed upon additional services provided to the CARRIER by the DISPATCHER. If revenue for a shipment is uncollectible, DISPATCHER will be held harmless, and no penalty or deduction of fees will be made.
3. The CARRIER agrees to maintain all proper licenses and permits (UCR, IFTA, IRP, etc.) to conduct business as a motor carrier in the area of intended operation, either Interstate or Intrastate. Additionally, CARRIER agrees to maintain general liability ($1 million) and cargo insurance ($100,000) at the amounts set forth by the home state of the CARRIER. DISPATCHER will be held harmless in the event of all claims.
4. CARRIER gives DISPATCHER authority to provide his signature for rate confirmation sheets, invoices, and associated paperwork necessary for securing cargo and billing purposes. A load confirmation including details of shipment and revenue to be paid will be supplied via EMAIL by SHIPPER/ BROKER / DISPATCHER to the carrier. Confirmation will be signed by DISPATCHER and returned via FAX OR EMAIL to SHIPPER/BROKER.
5. CARRIER shall be liable for loss, damage, or liability occasioned by the transportation of property arranged by DISPATCHER, BROKER, or SHIPPER while in the CARRIER's possession.
6. CARRIER agrees to hold DISPATCHER, BROKER, or SHIPPER harmless from any liability for personal injury or property damage occurring during the operation conducted by CARRIER according to this agreement.
7. This agreement does not hold CARRIER contracted to any utilization of DISPATCHER services. The terms of this agreement shall be perpetual, provided that either party may terminate the same by giving seven days' written notice to the other.
8. Failure to pay Dispatcher for services rendered will result in the termination of the agreement and services immediately unless otherwise determined by the dispatcher.

| | | | |
|---|---|---|---|
| **By:** | **KINGTUTLOGISTICS LLC** | **Carrier:** | |
| **Title:** | **President/ Owner** | **Title:** | |
| **Name:** | **TOVA BOSWELL** | **Name:** | |
| **Date:** | | **Date:** | |
| **Signature:** | | **Signature:** | |

# Carrier 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 should 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 A - Carrier Information

| | | | | | |
|---|---|---|---|---|---|
| Company: | | | DBA (If Any) | | |
| MC# | | DOT# | | SSN/EIN# | |
| SCAC Code | | | Safety Score | | |
| Are Comchecks Allowed? | | | Who is allowed to receive a com check? | | |

| Certifications (please mark X and provide certifications) | | | |
|---|---|---|---|
| Smartway Carrier | | Score | |
| TWIC Holder | | TWIC# | |
| Hazmat certified | | Hazmat Certificate # | |
| CTPAT | | SVI # | |
| PIP | | PIP # | |

| Certifications (please mark X and provide certifications) | | | |
|---|---|---|---|
| ELD Compliant | | CSA | |
| FAST | | Minority Owned | |
| TSA | | Woman Owned | |
| CARB | | Veteran Owned | |

## Part B - Contact Details

| | | | |
|---|---|---|---|
| Physical Address: (w/ City, State) | | Zip: | |
| Mailing Address: (w/ City, State) | | Zip: | |

| | | | | | |
|---|---|---|---|---|---|
| Main Contact: | | | Email: | | |
| Office Phone: | | Fax: | | Cell Phone: | |
| Emergency / After hours: Name & Contact# | | | | | |
| Website (if any): | | | | | |

## Part C - Equipment Information

(For multiple equipment types use the ***multiple truck form*** provided in next section)

Size, Type, Quantity, Weight Limit, Truck/ Trailer # of Trucks:

| Size | Type | Quantity | Weight limit | Truck/ Trailer# |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Custom Size? | Specialty? Write here | | | |

| | |
|---|---|
| Comments: | |
| | |
| | |

**Multiple Truck Form** [Only fill in case of multiple types of equipment, ***otherwise please skip***]

Please list your equipment and number of tractors. It will help us find you a load faster.

| **Vans** | **Qty.** | **VIN# / Weight Limit** | **Flatbed/ Specialized** | **Qty.** | **VIN# / Weight Limit** |
|---|---|---|---|---|---|
| Van 48’ | | | Flatbed 45’ | | |
| Van 53’ | | | Flatbed 48’ | | |
| Moving van | | | Flatbed 53’ | | |
| Van double | | | Flatbed B train | | |
| Van hotshot | | | Flatbed hotshot | | |
| Van insulated | | | Flatbed maxi | | |
| Van logistics | | | Flatbed side kits | | |
| Van open top | | | Landoll Trailer | | |
| Van roller bed | | | RGN | | |
| Van triple | | | RGN extendable | | |
| Van vented | | | Double Drop | | |
| Van blanket wrap | | | Stepdeck 48’ | | |
| Van intermodal | | | Stepdeck 53’ | | |
| Van lift gate | | | Stepdeck extendable | | |
| Van pallet exchange | | | Stepdeck w ramps | | |
| Van heated | | | Stretch trailer | | |
| Van high cube | | | **Reefers** | **Qty.** | **VIN# / Weight Limit** |
| Cargo van | | | Reefer 48’ | | |

| | | | | | |
|---|---|---|---|---|---|
| Sprinter | | | Reefer 53’ | | |
| **Conestoga** | **Qty.** | **VIN# / Weight Limit** | Reefer doubles | | |
| Curtainside | | | Reefer pallet exchange | | |
| Flatbed Conestoga | | | **Containers** | **Qty.** | **VIN# / Weight Limit** |
| Stepdeck Conestoga | | | Container 20’ | | |
| Double drop Conestoga | | | Container 40’ | | |
| **Dry Bulk** | **Qty.** | **VIN# / Weight Limit** | Container 53’ | | |
| Hopper bottom | | | Container insulated | | |
| Pneumatic | | | Container refrigerated | | |
| Belly dump | | | Container on flat car | | |
| End dump | | | | | |
| **Straight trucks** | | | | **Qty.** | **VIN# / Weight Limit** |
| Straight trucks less than 20 ft | | | | | |
| Straight trucks greater than 20 ft | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| **Other equipment** | | | | **Qty.** | **VIN# / Weight Limit** |
| | | | | | |
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## Part D - Dispatch Information

We understand that many factors will change the information you give under the Dispatch section, but this will give us a starting point.

| | | | | | |
|---|---|---|---|---|---|
| Minimum Cents ($) Per Mile: | | Max Pick/ Pick Ups: | | Max Deliveries: | |
| Driver Touch: | | | Preferred Distance Runs: | | |

| Zones [For Ex. NY, NJ, CT] | Preferred Routes / Lanes | Routes / Lanes to Avoid |
|---|---|---|
| Northeast | | |
| Midwest | | |
| Southeast | | |
| Southwest | | |
| Mountains? (Y/N) | | |
| Tolls? (Y/N) | | |
| Comments: | | |

| | | | |
|---|---|---|---|
| **Insurance Company** Name: | | | |
| Contact Person: | | Phone# | |
| **Brokers** you are already set up/ approved with: | | | |
| | | | |
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| Preferred Brokers | Brokers to Avoid |
|---|---|
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| Driver's First and Last Name | | Driver's Phone # | |
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**<u>Part E - Carrier Pay</u>**: Payment information for mailing payments or banking info for direct deposit.

1. **Do you allow Advances? Choose the appropriate choice.** (Mark x)

| | | | | |
|---|---|---|---|---|
| Are brokers authorized to fuel advance drivers? | Yes | | No | |
| Are brokers authorized to lumper advance drivers? | Yes | | No | |

2. **How do you want to be paid?**

   Please choose (mark x) one of the following 3 options. The complete Corresponding section below-

| | | | | | |
|---|---|---|---|---|---|
| Mailed Check | | Factoring | | Direct deposit (U.S banks Only) | |

**Option A - Mailed Check - Input your valid remit address info.**

| | |
|---|---|
| Name of Payee: | |
| Address: | |

**Option B - Factoring - Input your Factoring Company's Information.**

| | | | |
|---|---|---|---|
| Factoring Company Name: | | Phone# | |
| Email ID: | | Fax # | |
| Address: | | | |
| Login information for Factoring Website (will be used by dispatchers to upload invoices only) | | | |
| Username: | | Password: | |

**Option 3 - Direct Deposit/ ACH payment (U.S Banks Only).**

Be sure to attach a voided check (NOT a deposit slip) from your checking account. Direct deposit will not be set up without a copy of the check (or letter from a banking institution stating the account is active) and Federal ID / Social Security #

| | | | |
|---|---|---|---|
| Your Financial Institution/ Bank Name: | | | |
| City / State/ Zip: | | FED ID / SSN# | |
| Name of Payee: | | | |
| Checking Account Number: | | | |
| Bank Routing Number: | | | |