



DISPATCH SERVICE RATES

PLEASE CHECK	SERVICE PLAN	RATE
_____	Pay Per Load	6% Load Gross
_____	Billing - Invoicing - Collections	1.5% Load Gross
_____	Dispatch - Invoicing	6.5 % Load gross
_____	Weekly Rate	\$400.00 Weekly
_____	Paperwork Only	\$250.00 Monthly Charge
_____	Emergency Dispatch	\$100.00

NOTE: A minimum rate of (\$50.00) applies to all plans. All charges are due in full on the first (1st) day of each week/month in advance unless prior credit terms are established.

PAYMENTS ACCEPTED - ACH, Company Check, Credit Card, EFS, T-CHEK, COMCHECK or PayPal payments are accepted. Service charge of (4%) will be charged in addition to any fees for Credit Card payments.

For payment by Company Check, please send payment to the following address and note the invoice number on your check or remittance advice:

ELLERBE LOGISTICS
8508 Mason Andrew Way
Charlotte, NC 28216

For payment by Credit Card or PayPal - Please reference invoice # and use PayPal for payment. PayPal Email – kaleah.rodgers@gmail.com

For payment by EFS, T-CHEK, COMCHECK, please contact our office at (000) 000 - 0000 for a BLANK CHECK # to register for invoice payment.

MOTOR CARRIER

Printed Name: _____

Signature: _____

Date: ____ / ____ / ____

DEAR CARRIER PARTNER,

To be certain we have an accurate profile of your organization and full knowledge of your transportation services and needs, complete the carrier profile below and return all required documents.

PLEASE EMAIL ALL PAPERWORK TO: kaleah.rodgers@gmail.com

REQUIRED DOCUMENTS

- ✓ Copy of Workmen's Compensation and or Occupational/Accidental Policies
- ✓ I.C.C. Operating Authority
- ✓ IRS W9 - Signed / Dated
- ✓ Certificate of Canadian Authority
- ✓ Signed Carrier Contract
- ✓ Completed Carrier Profile
- ✓ Completed Safety Evaluation Form (**Unrated Carriers**)
- ✓ New Entrant Safety Audit Report (**Unrated Carriers**)
- ✓ **CARB** Compliance Certificates.

Minimum Insurance Coverage
for Motor Carriers is:

CARGO - \$100,000
BI / PD - \$1,000,000

CARRIER PROFILE

Legal Company Name **DBA**

Physical Address

City **State** **Zip**

(_____) _____ - _____ (_____) _____ - _____

Telephone **Facsimile**

Do you **FACTOR** your receivables through a 3rd party factoring company? Yes No . If **“YES”** please list contact information below.

Factoring Company Name **Contact**

(_____) _____ - _____ (_____) _____ - _____

Telephone **Facsimile**

Physical Address

City **State** **Zip**

LIST THE FOLLOWING CONTACTS

Owner (After Hours) **Telephone**

MC # **DOT#**

SCAC **Federal ID #**

Equipment List

Van **Reefer** **Flats** **SD** **DD / RGN**



Independent Freight Dispatcher – Carrier Agreement

This DISPATCH-CARRIER Agreement (hereinafter "AGREEMENT") is made and entered into this ____ DAY of _____, 20 ____, by and between ELLERBE LOGISTICS LLC, ("DISPATCHER") and _____, a Registered Motor Carrier with the FMCSA. MC# _____, DOT# _____ ("CARRIER"); collectively referred to as the "PARTIES".

WHEREAS, "DISPATCHER" is an INDEPENDENT CONTRACTOR providing "LOAD MATCHING" services between Freight Brokers, Freight Forwarders and Direct Shippers and CARRIER.

NOW THEREFORE, for and in consideration of the mutual covenants and undertakings herein, and subject to the terms and conditions hereinafter set forth, the PARTIES hereto warrant, covenant and agree as follows:

CARRIER hereby grants a LIMITED POWER of ATTORNEY to DISPATCHER, to act as my DISPATCHER for the sole purpose of locating and acquiring freight shipments, negotiating freight rates, and processing paperwork between Freight Brokers, Freight Forwarders and Direct Shippers and obtaining Certificates of Insurance as required in order to expedite shipments for my company,

CARRIER agrees to pay DISPATCHER for services rendered per ATTACHMENT "A" of this agreement for each shipment successfully acquired by DISPATCHER on behalf of CARRIER

CARRIER agrees to hold DISPATCHER harmless from and indemnify DISPATCHER from any liability resulting from the loss or damage to any freight transported by CARRIER, and also agrees to hold DISPATCHER harmless from personal injury or property damage which may occur during the operations involved in transportation of freight

DISPATCHER and CARRIER hereby consent to and agree to submit to the jurisdiction of the Federal and State courts located in COUNTY _____, STATE _____ in connection with any claims or controversies arising out of this Agreement. This agreement shall be governed by and constructed in accordance with laws of the STATE of _____.

IN WITNESS WHEREOF, we have executed this AGREEMENT as of the date and year first shown above.

DISPATCH COMPANY

Printed Name: _____
Signature: _____
Date: ____ / ____ / ____

MOTOR CARRIER

Printed Name: _____
Signature: _____
Date: ____ / ____ / ____