



Buckle Up Logistics, LLC.

Freight Dispatcher- Carrier Agreement

Business Ph#: 1(833) 526-5996

dispatch@buckleuplogisticsllc.com

This Agreement is made this ____ day of _____, 20 ____, by and between "**Buckle Up Logistics LLC**", hereafter referred to as DISPATCHER, and _____, Hereinafter referred to as CARRIER.

WHEREAS, DISPATCHER is a transportation dispatcher handling the necessary paperwork between a SHIPPERS and the CARRIER in order to secure "CARGO" 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; fax calls to, 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,CARRIER agreement.
3. DISPATCHER will:
 - a. Make 100% effort to keep truck(s) loaded.
 - b. CARRIER will be contacted 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 CARRIER is being billed for.

OBLIGATIONS OF CARRIER

Upon completion of delivery of the shipment, CARRIER agrees to pay Buckle Up Logistics LLC the following:

1. **NEW authority (30 days and under) 10%, Box Trucks (Non CDL) are charged 10%. Dry Vans are charged 10%. Hot Shots are charged 10%. Box Trucks (CDL) are charged 8%.**



2. CARRIER gives DISPATCHER authority to provide his/her signature for rate confirmation sheets, invoices and associated paperwork necessary for securing cargo and billing purposes. The terms of this AGREEMENT shall be effective as of the date hereof and shall continue thereafter for a term of one (1) year of such date, and automatically from year to year thereafter, subject to the right of either party hereto to cancel the AGREEMENT at any time upon not less than thirty (30) days written notice of one party to another.

3. SHIPPER agrees to pay CARRIER promptly, following receipt of a freight bill and proof of delivery of each shipment to its assigned destination, free of damage or shortage. 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 and revenue to be paid will be supplied via FAX or EMAIL by SHIPPER to CARRIER.

Confirmation will be signed by DISPATCHER and returned via FAX or EMAIL to SHIPPER.

Payments are due to the DISPATCHER for services rendered and payments that are due to the DISPATCHER for services rendered are not contingent on outstanding company 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 contract and services immediately unless otherwise determined by the DISPATCHER. BUCKLE UP LOGISTICS LLC acting as liaison between licensed motor carrier and licensed freight broker. Agreement between parties is non-exclusive, therefore, COMPANY can service other carriers and CLIENT can use other dispatch services!

Buckle Up Logistics LLC

By: Ellis Hill & Nicole Delgado

TITLE: Owner

DATE: _____

CARRIER: _____

BY: _____

TITLE: _____

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. We require the standard.**
- 4. Please have your insurance agent listed as BUCKLE UP LOGISTICS LLC as a Certificate Holder.**
- 5. Credit Card Authorization Form.**
- 6. Copy Of Owner Operators Driver's License.**

Please email all required documents.

Email: dispatch@buckleuplogisticsllc.com



POWER OF ATTORNEY

Company Name _____

MC# _____

Address _____ City _____

State _____

Zip _____ Phone() _____

Fax() _____

Email Address _____

I, _____, hereby appoint "BUCKLE UP LOGISTICS LLC, as my Attorney-in-Fact ("Agent").

"BUCKLE UP LOGISTICS LLC" agents shall have full power and authority to act on my behalf.

This power and authority shall authorize "BUCKLE UP LOGISTICS LLC" to manage and conduct affairs and to exercise all of my legal rights and powers, including all rights and powers that I may acquire in the future. "BUCKLE UP LOGISTICS LLC" powers shall include, but not be limited to, the power to:

1. Contact shippers and brokers on my behalf for cargo.
2. Transfer of Paperwork (Carrier Packet, Rate Confirmations, Insurance Certificates, Invoices and all necessary paperwork) to shippers.
3. Sign and Execute Rate Confirmations for freight on my behalf.

This Power of Attorney shall be construed broadly as a General Power of Attorney. The listing of Specific powers is not intended to limit or restrict the general powers granted in this Power of Attorney in any manner.

"BUCKLE UP LOGISTICS LLC¹¹ shall not be liable for any loss that results from a judgment error that was made in good faith. However, "BUCKLE UP LOGISTICS LLC" shall be liable for willful misconduct or the failure to act in good faith while acting under the authority of this Power of Attorney. I authorize my Agent to indemnify and hold harmless any third party who accepts and acts under This document. "BUCKLE UP LOGISTICS LLC" shall be entitled to reasonable compensation for any services provided as my Agent. "BUCKLE UP LOGISTICS LLC" shall be entitled to reimbursement of all reasonable expenses incurred in connection with this Power of Attorney.

"BUCKLE UP LOGISTICS LLC " shall provide an accounting for all acts performed as my Agent, if I so request or if such a request is made by any authorized personal representative or fiduciary acting on my behalf. This Power of Attorney shall become effective immediately and shall not be affected by my disability or lack of mental competence, except as may be provided otherwise by an applicable state statute. This is a Durable Power of Attorney. This Power of Attorney shall continue effective for (24 Months). This Power of Attorney may be revoked by me at any time by providing (30 Days) written notice to my Agent.

Dated _____, 20____

_____ Signature

_____ Printed Name

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 anytime 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: MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAIN CONTACT: _____ OFFICE PHONE: _____ FAX: _____

CELL: _____ EMERGENCY CONTACT: _____ PHONE: _____

EMAIL ADDRESS: _____

WEBSITE IF ANY: _____

DOT #: _____ MC#: _____ SSN/EIN#: _____ SCAC CODE: _____

TWIC CERTIFIED: _____ HAZ MAT CERTIFIED: _____

PART 2: EQUIPMENT SECTION:

(for more than one truck use the multiple truck form)

VAN EQUIPMENT:

48' VAN: ___ 53' VAN: ___ AIRRIDE: ___ VENTED: ___ E-TRACK: ___

LOGISTICS: ___ LOAD BARS: ___ STRAPS: ___

PADS: ___ MAX LOAD WEIGHT: _____

COMMENTS: _____



Carrier Profile

REEFER EQUIPMENT:

48' REF: ___ 53' REF: ___ AIRRIDE: ___ PALLETS: ___ E TRACK: _____

LOAD BARS: _____

FLATBED/SPECIALIZED EQUIPMENT:

45' FLAT: ___ 48' FT: ___ 53' FLAT: ___ 48' STEP DECK: ___ 53'

STEP DECK: ___ RGN: _____ IF SO SIZE: _____ RAMPS: _____ LEVELERS: ___ C

HAINS: ___ STRAPS:

___ TARPS: ___ SIDES: ___ OVERSIZE: ___

MAX LOAD WEIGHT: _____

COMMENTS: -----

PART3: SERVICE AREAS OF OPERATION:

(Check all that apply)

United States: [] All 48 States

[] AL [] AR [] AZ [] CA [] CO [] CT [] DE [] FL [] GA [] IA [] ID
[] IL [] IN [] KS [] KY [] LA [] MA [] MD [] ME [] MI [] MO [] MN
[] MS [] MT [] NC [] ND [] NE [] NH [] NJ [] NM [] NV [] NY [] OH
[] OK [] OR [] PA [] RI [] SC [] SD [] TN [] TX [] UT [] VA [] VT [] WA [] WI []
WV [] WY

Canada: [] AB [] BC [] MB [] ON [] QB [] SK Mexico: []



Rate of Haul Information:

Please give us you minimum rate information. We understand that many factors will change this information. But this will give us a starting point.

MINIMUM RATE PER MILE: _____ MAX PICKS: _____ MAX DROPS: _____

COST PER EXTRA STOP: _____

DRIVER TOUCH : __ (Y/N):COMMENTS: _____ Carrier Profile _____

PART 4: 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: _____

PHONE: _____ FAX: _____

WEBSITE: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PARTS: 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: _____

CONTACT: _____ PHONE: _____



FAX: _____ EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PART 6: OTHER INFORMATION:

PLEASE USE THE FOLLOWING SECTION TO BETTER DESCRIBE YOUR COMPANY THAT WE HAVE NOT ALREADY ASKED FOR.

Do You Travel In The Mountains? Yes_ Or No_

Do You Do Long Haul Yes_Or No_ If So, What States?

Do You Do Short Hauls Yes_ Or No_

Do You Do Heavy Loads Yes_ Or No_

What Is Your Maximum Load Capacity On Your Trailer _____

MULTIPLE TRUCK OPERATION FORM

Please complete this form if you are a trucking company with more than one (1) truck working under your authority.

TRUCK#	TRAILER#	TYPE TRLR	MAX WGHT	DRIVER	CELL

Notes:

- 1 - Does the assigned driver have the right to make load decision for you? ___
- 2 - Does the driver need to have a copy of the load confirmation? _____
- 3 - Do we need to do the initial dispatch of the driver, or will you? _____
- 4 - Other:



1. DISPATCH SERVICE METHOD

DISPATCH's objective is to design a proactive logistic plan in advance, based on CARRIER's territory preference. The plan is influenced by the current situation on the market and/or region, in order to take advantage of the most profitable loads. DISPATCH's logistics coordinators (dispatchers) will find loads that best match CARRIER's preference, and communicate such options with CARRIER and/or its driver. Once CARRIER agrees to accept the load, DISPATCH will send all necessary and required supporting documents to broker/shipper. Once the load confirmation is received, it is forwarded to CARRIER, for its records. DISPATCH agrees to "assist" CARRIER with any load issues, road assistance, advances, paperwork, and/or billing issues.

2. COMPENSATION

The amount due to DISPATCH, will be automatically deducted from a Debit/Credit Card provided by CARRIER on this agreement. By the end of the business day of receiving the load confirmation from brokers/shippers, DISPATCH will charge the Debit/Credit Card on file for the agreed service rendered. In case that the load gets canceled by the broker/shipper for any reason, CARRIER will receive a credit for the amount of the load in question for future loads. However, if the load gets canceled by CARRIER for any reason, (i.e. breakdown, etc.) CARRIER will not receive credit for the load in question. On the other hand, CARRIER will be compensated directly from other brokers/shippers handling the load, or from a factoring company chosen by CARRIER.

3. NON-SOLICITATION

CARRIER agrees that it will not solicit traffic from any shipper, consignor, or customer of DISPATCH where the CARRIER transports loads, or is made aware of such traffic, as a result of DISPATCH's efforts. It is further agreed that this non-solicitation provision shall be in force and effect during the term of this AGREEMENT and for a period of one (1) year from the date of the termination of this AGREEMENT for any reason. In the event of non-compliance with the specific provisions of this paragraph, CARRIER upon discovery of breach, be liable to DISPATCH for 100 percent (100%) of the gross transportation revenue received by CARRIER from said shipper(s) within one (1) year after the date of termination of this AGREEMENT.

4. BILLS OF LADING

Each shipment will be evidenced by a bill of lading issued by other brokers/shippers. Such bills of lading or receipts or invoices are however, for the sole purpose of evidencing receipt for the goods.

5. EQUIPMENT

CARRIER agrees to provide, operate and maintain in good working condition, motor vehicles and all allied equipment necessary to perform the Transportation Schedule in a safe, efficient and economical manner.



6. DRIVERS

CARRIER agrees to provide properly qualified, trained and licensed drivers and other personnel to perform the transportation and related services under this Agreement and each transportation schedule in a safe, efficient and economical manner. CARRIER's personnel are expected to conduct themselves in a professional manner at all times, and shall ascertain and comply with all of Customer's facility rules and regulations while on Customer's premises.

7. FREIGHT LOSS, DAMAGE OR DELAY

CARRIER shall have the sole and exclusive care, custody and control of the shipper's property from the time it is picked up for transportation, until it is delivered to the destination. CARRIER assumes the liability of a common carrier for loss, delay, damage to or destruction of any and all of shipper's goods or property while under CARRIER's care. Payments by CARRIER to DISPATCH or its customer, pursuant to the provisions of this section, shall be made within thirty (30) days following receipt by CARRIER of DISPATCH's or customer's invoice and supporting documentation for the claim.

8. SUB-CONTRACT PROHIBITION

CARRIER specifically agrees that all freight tendered to it by DISPATCH shall be transported on equipment operated only under the authority of CARRIER, and that CARRIER shall not in any manner sub-contract, broker, or in any other form arrange for the freight to be transported by a third party without the prior written consent of DISPATCH.

9. INDEMNIFICATION

CARRIER agrees to indemnify, defend and hold DISPATCH and its customers (including their officers, directors, employees, subcontractors and agents) harmless from and against any and all liabilities, damage, fines, penalties, costs, claims, demands and expenses of whatever type or nature. CARRIER shall be responsible for and agrees to indemnify DISPATCH for any and all personal injury, property damage, loss, claim, injury, obligation or liability arising from CARRIER's actions, behavior or transportation pursuant to this agreement.

10. GOVERNING LAW, JURISDICTIONS AND VENU

This agreement shall be governed by and constructed in accordance with laws of the State of Florida both as interpretation and performance. DISPATCH and CARRIER hereby consent to and agree to submit to the jurisdiction of the federal and State courts located in Miami-Dade County, Florida in connection with any claims or controversies arising out of this Agreement.

11. ADDITIONAL PROVISIONS

In the case of insufficient funds or credit card decline, there is a built in grace period of 7 days after the due date, before the account is subject to suspension. In which case, the account must be paid current and is subject to a reinstatement fee of \$100.



12. INVOICING

CHEETAH DISPATCHING will invoice the Carrier as per the terms of the agreement via Email or faxing said invoice. Payment can be made to **BUCKLE UP LOGISTICS LLC** by DEBIT CARD, Com Check, CASH APP OR BANK TRANSFER. Once the payment is processed the Carrier will be sent a confirmation receipt via email or fax.

13. DISCLAIMER

GG2 DISPATCH SERVICES is NOT responsible for:

- a. Billing Issues
- b. Load problems
- c. Advances (All advances will have to be handles directly between Carrier and Shipper / Broker)
- d. Handling and storage of paperwork (All documents will be sent to Carrier unless other arrangements are made)
- e. DOT compliance issues.
- f. PFA TRANSPORTATION INSURANCE

IN WITNESS WHEREOF,

the parties hereto have executed this Agreement as of the date first above written.

DISPATCH:

Company: BUCKLE UP LOGISTICS LLC

Contact: Ellis Hill & Nicole Delgado, CEO/OWNER

Signature: _____

CARRIER:

Company: _____

Contact: _____

Signature: _____



REFERAL

Please refer to us, three (3) Owner Operators who you believe might benefit from our service.

NAME

_____ CELL _____

NAME

_____ CELL _____

NAME

_____ CELL _____

8. ADDITIONAL INFORMATION

Please use the section below to better describe your company. Include special terms and conditions of most importance and everything we have to consider while searching and taking the loads for you.



CREDIT CARD PAYMENT AUTHORIZATION FORM

I _____, hereinafter called CARRIER do hereby authorize **BUCKLE UP LOGISTICS LLC**, hereinafter called DISPATCH, to initiate a debit entry to the credit card account indicated below, in consideration of the dispatching service provided to me. I understand that my signature on this authorization form, along with a photocopy of the front and the back of both my credit card, as well as my driver license, will allow me the convenience of not having to produce these items for impression at the time of service.

Name on the Card: _____

Please Check One:



VISA



MC



DISC



AMEX

Credit Card Number: _____

Expiration Date: ____ / ____ CVN: _____ ZIP: _____

This authorization is to remain in full force and effect until the ending date listed above. I understand that I will be notified via email when DISPATCH debit my account each week. I understand that if the load is tendered and accepted by me, but for any reason, whether is due to carrier, shipper, or broker, the load gets reschedule or cancelled, I am still responsible for paying DISPATCH as set out above. Any revocation shall not be effective until DISPATCH is notified by CARRIER in writing to cancel this automatic payment authorization, in such time and in such a manner as to afford DISPATCH a reasonable opportunity to act on it.

Card Holder's Signature

Authorization Date



Card Holder's E-Mail & Phone Number



**Sign
Here**

Signature of
U.S. person

Date

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they