

Dispatcher To Carrier *On-Boarding* Paperwork

Dispatcher:



AuraMark Logistics

Phone: (757) 737-5376

Email: info@auramarklogistics.com

Mailing Address: 4445 Corporation Lane #264

Virginia Beach, Va, 23462

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 AuraMark Logistics (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 (6%) 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:	AuraMark Logistics		Carrier:	
Title:	President/ Owner		Title:	
Name:	Raniesha Parker		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

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:			

Are brokers authorized to lumber advance drivers?	Yes		No	
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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)	
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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:			