

# Trans-Formation Logistics, LP

## Dispatcher to Carrier Agreement

This Agreement is made on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between "Trans-Formation Logistics, LP", hereafter referred to as DISPATCHER, and \_\_\_\_\_, hereinafter referred to as CARRIER. DISPATCHER is a transportation dispatcher handling the necessary paperwork between SHIPPERS and/or BROKERS and the CARRIER in order to secure "Freight" 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 the parties hereto as follows:

### **OBLIGATIONS OF DISPATCHER**

1. DISPATCHER agrees to handle paperwork, phone calls, and faxes 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 or Broker and you the CARRIER.
3. Dispatcher will find ALL your loads so there are no mix ups.
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 time of invoice.

### **OBLIGATIONS OF Carrier**

1. CARRIER agrees to pay a flat rate fee of 7% per load for dispatching only. Carrier can agree to 9% flat rate fee for dispatching and submitting invoices to your factoring company. You will be invoiced once weekly, the invoice will be sent out Friday, for all your weekly loads, and due Sunday.
2. CARRIER gives DISPATCHER authority to provide his signature for rate confirmation sheets, invoice and associated paperwork necessary for securing cargo and billing purposes. The terms of this agreement shall be continuous, provided that either party may terminate this agreement at anytime.
3. SHIPPER agrees to pay CARRIER promptly, following receiving the invoice. The amount to be paid by SHIPPER to CARRIER shall be established between the 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 EMAIL by SHIPPER/BROKER/DISPATCHER to CARRIER. Confirmation will be signed by DISPATCHER and returned via FAX or EMAIL to SHIPPER/ BROKER.

Payments are due to the DISPATCHER for services rendered are not contingent on outstanding 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 the agreement and services immediately unless otherwise determined by the DISPATCHER.

"Trans-Formation Logistics, LP"

By: RJ Spratt

Title: Owner/ C.E.O.

Signature: RJ Spratt

CARRIER (company name): \_\_\_\_\_

TITLE: \_\_\_\_\_

Print name: \_\_\_\_\_

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

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

8% \_\_\_\_\_ 9% w/invoices \_\_\_\_\_ (check one )

**We will also need the following from your company to start working for you!**

- 1. A completed W9 Form.**
- 2. A Copy of your Motor Carrier Authority Form.**
- 3. A Copy of your Insurance Certificate.**
- 4. Notice of Assignment from Factoring Company**

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 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 I: CARRIER PROFILE INFORMATION SECTION:

COMPANY: \_\_\_\_\_ D/B/A (If Any): \_\_\_\_\_  
PHYSICAL ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
ZIP: \_\_\_\_\_ MAIN CONTACT: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_ CELL: \_\_\_\_\_  
EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_  
WEBSITE IF ANY: \_\_\_\_\_  
DOT #: \_\_\_\_\_ MC #: \_\_\_\_\_ SSN/EIN #: \_\_\_\_\_ TWIC CERTIFIED: \_\_\_\_\_  
HAZMAT CERTIFIED: \_\_\_\_\_

PART 2: EQUIPMENT SECTION:

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

EQUIPMENT:

48' VAN/Reefer: \_\_\_\_ 53' VAN/Reefer: \_\_\_\_ FLATBED/STEPDECK/HOTSHOT Trailer length: \_\_\_\_\_

AIR RIDE: \_\_\_\_ \_\_\_\_

Truck/Trailer Number: \_\_\_\_\_

\*\*\*ALL FLATBEDS MUST HAVE FULL SECUREMENT EQUIPMENT TO INCLUDE TARPS\*\*\*

Max Load Weight: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

PART 4: FACTORING INFORMATION:

If you use a factoring service, please provide us with 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: \_\_\_\_\_

Web Portal username/password: \_\_\_\_\_

We will need the login information for your factoring company to run credit checks.

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	<b>5</b> Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	
	<b>7</b> List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>											
				-			-				
<b>or</b>											
<b>Employer identification number</b>											
						-					

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

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

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.