# **A black and orange text on a black background AI-generated content may be incorrect.**

# **DISPATCH + CARRIER** **AGREEMENT**

**This AGREEMENT** is made as of this **\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_*, 2025*** by and between:

* **\_JADON CONSULTANTS LLC\_\_ (DISPATCH)**and
* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (CARRIER)**, licensed by the FMCSA as an interstate carrier of property holding authority MC #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The DISPATCH and the CARRIER have, upon due consideration, determined that a contract agreement is to their mutual advantage and best interest. They hereby agree to the following terms and conditions:

## **1. DOCUMENTS**

CARRIER must furnish DISPATCH with the following documents prior to the implementation of this Agreement (via email at **info@jadonconsultants.com**):

* **Dispatch Carrier Agreement**
* **Copy of Client's Authority Letter**
* **Certificate of Insurance**
* **A signed W-9 form**
* **Notice of Assignment**
* **Copy of Owner Operator’s and Driver’s Driver License**
* **Limited Power of Attorney form (included)**

## **2. RELATIONSHIP**

The relationship of CARRIER to DISPATCH shall at all times be that of an **independent contractor**. DISPATCH agrees to solicit and offer freight transportation shipments for CARRIER from and to such locations as service may be required, subject to the availability of suitable equipment. DISPATCH shall be the logistics coordinator for CARRIER for searching for loads, booking them, dispatching, handling all paperwork directly with the broker and/or shipper (detention, lumper, TONU and etc), and any load problems.

## **3. TERM**

The term of this AGREEMENT shall be effective as of the date hereof and shall continue thereafter for a term of **(7) days** from such date, and automatically from week to week thereafter, subject to the right of either party hereto to cancel the AGREEMENT at any time upon not less than seven (7) days written notice (by certified mail) of one party to the other.

## **4. DISPATCH SERVICE METHOD**

DISPATCH’s objective is to design a proactive logistic plan a week in advance, based on CARRIER’s territory preferences. The plan is influenced by current market and regional conditions in order to take advantage of the most profitable loads. DISPATCH’s logistics coordinators (dispatchers) will find loads that best match CARRIER's preferences and communicate such options with CARRIER or its driver. Once CARRIER agrees to accept the load, DISPATCH will send all necessary and required supporting documents to the 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.

## **5. RATE PLAN**

### **Percentage Plan**

* **Classic Carriers** - Dispatch service for a percentage of the load confirmation: **\_\_\_7\_\_ %**

### 

### **Compensation**

The amount due to DISPATCH will be automatically deducted from a Debit/Credit Card provided by CARRIER in this Agreement if payment has not been discussed/received via zelle, cash app, apple pay or through invoicing software. By the end of the week **Saturday** of the same week, DISPATCH will charge the Debit/Credit Card on file for the agreed service rendered.  
CARRIER will be compensated **directly** from the broker/shipper handling the load, or from a factoring company chosen by CARRIER.

## **6. NON-SOLICITATION**

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

## **7. 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 for the sole purpose of evidencing receipt for the goods.

## **8. EQUIPMENT**

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

## **9. DRIVERS**

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

## 

## **10. 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 of the shipper’s goods or property while under CARRIER’s care. Payments by CARRIER to DISPATCH or its customer under this section shall be made within **thirty (30) days** following CARRIER’s receipt of DISPATCH’s or customer’s invoice and supporting documentation for the claim.

## **11. 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. CARRIER shall not sub-contract, broker, or otherwise arrange for the freight to be transported by a third party without the prior written consent of DISPATCH.

## **12. 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, damages, fines, penalties, costs, claims, demands, and expenses of whatever type or nature arising out of or related to CARRIER’s actions or transportation services under this Agreement. CARRIER shall be responsible for and agrees to indemnify DISPATCH for any personal injury, property damage, loss, claim, injury, obligation, or liability arising from CARRIER’s actions while performing under this Agreement.

## **13. GOVERNING LAW, JURISDICTION, AND VENUE**

This Agreement shall be governed by and construed in accordance with the laws of the **State of \_\_Georgia\_\_\_\_\_**, both as to interpretation and performance. DISPATCH and CARRIER hereby consent to, and agree to submit to, the jurisdiction of the federal and state courts located in **Fulton, County, Georgia**, in connection with any claims or controversies arising out of this Agreement.

### **SIGNATURES**

**IN WITNESS WHEREOF**, the parties hereto have executed this Agreement as of the date first above written.

* **DISPATCH**Company: **JADON CONSULTANTS LLC**  
  Name/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  Date: \_\_\_ / \_\_\_ / 2025
* **CARRIER**Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  Name/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  Date: \_\_\_ / \_\_\_ / 2025

# **COMPANY PROFILE**

Instructions: Please complete this form with all requested information. This helps us assist you efficiently. (Update this form by notifying DISPATCH. This information is only for our use and will not be released to any third party without your written permission.)

|  |  |
| --- | --- |
| **1. CARRIER INFORMATION** |  |
| **Company (DBA)** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Address** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **City / State / ZIP** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Contact** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Phone** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Email** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Fax** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **MC #** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **DOT #** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **EIN/SS #** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **SCAC #** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **TWIC #** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |

## **2. EQUIPMENT SECTION**

* **Number of Trucks**: \_\_\_\_\_ (Company: \_\_\_\_\_ + Owner Operator: \_\_\_\_\_)
* **Number of Trailers**:
  + \_\_\_\_\_ Van
  + \_\_\_\_\_ Reefer
  + \_\_\_\_\_ Flatbed
  + \_\_\_\_\_ Other

**Additional Info** (securement items):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **TRUCK & DRIVER(S) INFO**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Truck # | Year | Make/Model | Driver Name | Phone # |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## 

## **3. SERVICE AREAS OF OPERATION**

Check/List all states in which you operate or will to travel:

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

Please list the following area:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **4. RATE OF HAUL INFORMATION**

Please provide your **ideal (reasonable) rate**. We understand many factors change this, but it gives us a starting point.

**Ideal Rate Per Mile:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Van** | **Reefer** | **Flatbed** | **Hotshot** | **Box Truck** |
|  |  |  |  |  |

**Additional Preferences**:

## 

## **5. FACTORING INFORMATION (If Applicable)**

If you use a factoring service, please provide the following so we only use brokers approved by your factoring company.

**Factoring Company** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Website** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City / State / ZIP**| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **6. INSURANCE INFORMATION**

Please provide contact information where DISPATCH can request a certificate of insurance with specific holders (i.e., brokers/shippers).

**Insurance Company** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City / State / ZIP**| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **7. REFERRAL**

Please refer up to three (3) owner-operators who might benefit from our service:

|  |  |
| --- | --- |
| **Name** | **Cell** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# 

# **LIMITED POWER OF ATTORNEY**

This Limited Power of Attorney (the “AGREEMENT”) is made effective on **\_\_\_\_\_\_\_\_** (date) between:

* **\_\_\_JADON CONSULTANTS LLC\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“DISPATCH”)**A company established under the laws of the State of \_\_\_\_**Georgia**\_\_\_\_\_\_\_\_\_,

and

* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“CARRIER”)**, a motor carrier company with MC # \_\_\_\_\_\_\_.

CARRIER hereby appoints DISPATCH as Attorney-in-Fact (AGENT). DISPATCH shall have power and authority to act on CARRIER’s behalf regarding logistics. This power and authority authorizes DISPATCH to manage and conduct affairs and to exercise all legal rights and powers, including those acquired in the future. DISPATCH’s powers shall include, but are not limited to, the power to:

* Provide professional dispatch services, including contacting drivers, shippers, and brokers on CARRIER’s behalf for cargo.
* Transfer all paperwork (Carrier Packets, Rate Confirmations, Insurance Certificates, Invoices, and all necessary documents) to broker/shippers.
* Sign and execute rate confirmations for freight and submitting all documents to third party vendors on behalf of CARRIER.

This Power of Attorney shall be construed broadly as a General Power of Attorney. The listing of specific powers does not limit the general powers granted. DISPATCH shall not be liable for any loss resulting from good-faith errors in judgment. However, DISPATCH will be liable for willful misconduct or failure to act in good faith under this Power of Attorney. CARRIER authorizes DISPATCH to indemnify and hold harmless any third party who accepts and acts under this document.

This Power of Attorney becomes effective immediately and remains in full force and effect until revoked by CARRIER in writing. Such revocation must be sent via email 10 days in advance to DISPATCH at dispatch@dispatchemail.com.

**IN WITNESS WHEREOF**, the parties hereto have executed this Agreement on the date below.

|  |  |
| --- | --- |
| **Dispatch** | **Carrier** |
| Name: Terry B. Lloyd\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature:\_\_\_\_\_Terry B. Lloyd \_\_\_\_\_\_\_\_ | Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date: \_\_\_ / \_\_\_ / 20\_\_\_ | Date: \_\_\_ / \_\_\_ / 20\_\_\_ |

**CREDIT CARD PAYMENT AUTHORIZATION – DISPATCH COMPANY**

|  |  |
| --- | --- |
| **Cardholder Name** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Billing Address** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Credit Card Type** | \_\_\_\_ Visa \_\_\_\_ M/C \_\_\_\_ Discover \_\_\_\_ Amex |
| **Credit Card Number** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Expiration (MM/YY)** | \_\_\_\_ / \_\_\_\_ |
| **CVV** (3 digits back/4 front) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Amount/Rate to Charge** | \_\_\_\_7\_\_\_% (Percent) |

I authorize **\_\_\_\_JADON CONSULTANTS LLC\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** to charge the amount/rate listed above to the credit card provided. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

**Cardholder – Please Sign and Date**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date: \_\_\_ / \_\_\_ / 20\_\_\_

Return the completed and signed form to the following:

* **Freight Dispatcher Information**
  + Business Phone: (\_866\_\_) \_523\_\_ - \_6624\_\_\_
  + Business Fax: (\_\_\_) \_\_\_ - \_\_\_\_
  + Email Address: \_\_info@jadonconsultants.com\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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