

All Things Logistics LLC

Dispatch Coordinator: *Toria Foster* Email: toriafoster@allthelogistics.com

Phone: (708) 733-5785

DISPATCH SERVICE AGREEMENT

I, The Owner of &/or The I	Oriver of Truck#	of (the
carrier) a licensed Motor Carrier, MC#,	and/or DOT#,	;
hereby grants authorization to All Things Logistics, LLC. to	act as my agent for the sole p	urpose
of searching for and booking shipments, processing all bro	okerage paperwork and obtain	ing
Certificates of Insurance as required in order to expedite	shipments and dispatch via tel	ephone, fax or
e-mail for my truck, Unit#, License Plate#,	, in the state of,	
All billing, invoicing and collections	of revenue from customers, b	rokers,
shippers, consignees, etc- are the sole responsibility of the	e carrier. If revenue for a shipr	nent or
shipments are uncollectible, All Things Logistics, LLC will b	e h <mark>eld harmless a</mark> nd no penalt	ty or
deduction of fees will be made. The carrier agrees to main	ntain all proper licenses and pe	ermits to
conduct business as a motor carrier in the area of intende	d operation. Additionally, carr	ier agrees to
maintain liability and cargo insurance at the amounts set	forth by the home state of the	carrier.
All Things Logistics, LLC will be held harmless in the event	of any and all claims. The carr	ier
agrees to maintain an account with (an internet load boar	d service), in the name of the	carrier, with
All Things Logistics, LLC. as the point of contact for dispato	ching purposes.	
The fee for dispatch services will be 10% of the gross revo	enue of each shipment with no	minimum
charge.		
As loads are picked up, an amount equal to the above stated to be conveniently paid with		•
or Email Invoice App.		
Please provide your SMS Cell Phone Text Number Here: (_		&
Your Fmail Here:		

Either party has the right to end this agreement without cause at any time with seven (7) days' notice
by written request. Upon cancellation, any remaining balances owed will be
charged to the carrier within two (2) business days without penalty.
By signing below, I fully understand the terms of this agreement.
Company:
Signature:Date:
Print name:
Consent *
I authorize All Things Logistics, LLC to complete all broker Carrier Packets and Rate
Confirmations on my behalf
I consent to having the Carrier Packets and Rate Confirmations completed by All Things Logistics,
LLC on my behalf.
OTHER DOCUMENTS NEEDED
Please email copies of your CDL, W9, MC Authority letter and Certificate of Insurance to
toriafoster@allthelogistics.com Thank you.
Dispatcher: All Things Logistics, LLC

LIMITED POWER OF ATTORNEY FORM

I with an MC or DOT number of
has made and appointed, All Things Logistics LLC, true and lawful attorney for,
place and stead, for the limited and specific purpose of contracting loads of freight to be hauled by,
giving and granting said All Things Logistics LLC, full power and authority to do and perform all and every $\frac{1}{2}$
act and thing whatsoever necessary to be done in and about the specific and limited terms (set out
herein) as fully, to all intents and purposes, as might or could be done if personally present, with full
power of substitution and revocation, hereby ratifying and confirming all that said attorney shall lawfully
do or cause to be done by virtue thereof. This power of attorney is to remain in full force and effect until
revoked by me in writing. Such revocation is to be emailed to: All Things Logistics LLC
toriafoster@allthelogistics.com
CARRIER/TRUCKING COMPANY NAME:
Signature:
Printed Name:
Timed Name:
Title:
Title:
ALOCICTICS
WITNESS (Witness for Carrier) Signature:
Printed Name:
Date: