



DISPATCHER SERVICE AGREEMENT

Dispatcher: Joelle Logistics **Phone:** 901-327-5312

Email: info@joellelogisticsllc.com **Website:** www.joellelogistics.com

I, _____ (the carrier/owner operator), of Truck # _____, Trailer # _____,

Motor Carrier (MC) Number _____, and Department of Transportation (DOT) Number, _____

hereby grants authorization or permission to: **JOELLE LOGISTICS LLC** 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 e-mail for my truck(s), in the state of _____.

ALL BILLING, INVOICING, AND COLLECTIONS OF REVENUE FROM SHIPPERS, BROKERS AND/OR FACTORING COMPANIES ARE THE SOLE RESPONSIBILITY OF THE CARRIER/TRUCKING COMPANY, UNLESS JOELLE LOGISTICS LLC AND CARRIER/TRUCKING COMPANY HAVE ARRANGED AND AGREED UPON ADDITIONAL SERVICES PROVIDED TO THE CARRIER/TRUCKING COMPANY BY JOELLE LOGISTICS LLC.

If revenue for a shipment or shipments is **uncollectible**, **JOELLE LOGISTICS LLC** will be held harmless, and no penalty or deduction of fees will be made.

JOELLE LOGISTICS LLC will be held harmless in the event of any and all **claims**, and **Carrier/Trucking Company** will still be obligated to pay for services rendered by **JOELLE LOGISTICS LLC**.

LOGO

The Service Fee for JOELLE LOGISTICS LLC will be:

10% per load or \$300 Flat Rate per week

Note: This fee for Dispatch Services includes Dispatcher contracting Dedicated Freight (lanes) for the Carrier

As Loads/Freight/Cargo are picked up, delivered, and Carrier/Trucking Company is paid FIRST, an amount equal to the above stated % or flat rate will be payable to: JOELLE LOGISTICS LLC

Either party has the right to end this agreement without cause at any time with seven (7) days' notice by written or emailed request. This is not an exclusive agreement/contract.

By signing this Dispatcher Agreement below, I fully understand the terms of this agreement.

Carrier Print: _____ Carrier Signature: _____

Phone Number: (____) ____ - _____ Carrier Email: _____

JOELLE LOGISTICS LLC

Signature _____

NOTE: When returning the [Dispatcher Packet](#), which includes the completed Dispatcher Agreement, the Carrier Profile and the Limited Power of Attorney, please include [COPIES](#) of your [MC Authority Letter \(Certificate\)](#), [Certificate of Insurance \(C.O.I.\)](#), and [W9](#). If you are working with a [factoring company](#), please also include a copy of [factoring company's credit application](#) so that they can run the credit on the brokers and send a [Notice of Assignment \(N.O.A.\)](#) if the credit is favorable. Thank you.

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