



## Dispatcher Carrier Agreement

This Agreement is made this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_ Between "Bumble Bee Dispatch" located at 289 Jonesboro Rd, Suite 158, McDonough, GA 30253 and all its subsidiaries hereafter referred to as DISPATCHER and \_\_\_\_\_ hereafter referred to as CARRIER.

WHEREAS, Dispatcher is a transportation dispatching service handling the necessary paperwork between SHIPPERS and the CARRIER in order to secure "LOADS/CARGO/SHIPMENTS" for said CARRIER.

WHEREAS, CARRIER is a Motor Contract Carrier subject to the jurisdiction of ICC: NOW, THEREFORE, in consideration of the promises and covenants hereinafter contained it is mutually agreed by and between parties here to as follows:

### OBLIGATIONS OF DISPATCHER:

1. DISPATCHER agrees to handle paperwork, phone calls, facsimile to, from the BROKERS or SHIPPERS to tender commodities shipments to CARRIER for transportation in interstate commerce by CARRIER between points and places within the operating authority of the CARRIER.
2. DISPATCHER bears no financial or legal responsibility in the transaction between the SHIPPER/BROKER and CARRIER agreement.
3. BILLING INVOICING AND COLLECTIONS of revenue from customers, brokers, shippers, consignees, etc are the sole responsibility of the CARRIER. If revenue for a shipment is uncollectible Bumble Bee will be held harmless and no penalty or deductions of fees will be made.
4. DISPATCHER will be held harmless in the event of any and all insurance or other claims.
5. DISPATCHER will make 100% effort to keep the truck or trucks loaded
6. DISPATCHER will contact CARRIER about EVERY load we find to offer, CARRIER will ACCEPT OR DECLINE the load.
7. CARRIER cannot try to offer any of the dispatchers that work for BUMBLE BEE money, and or rewards to dispatch for their company for a lesser rate. CARRIERS agree to a NON COMPETE or a \$2,000.00 FINE will apply and or court action and all fees required to go to court will be CARRIERS responsibility to pay fees.

\_\_\_\_\_ DISPATCHER INITIAL    **BUMBLE BEE DISPATCH**    \_\_\_\_\_ CARRIER INITIAL

289 JONESBORO RD, SUITE 158  
MCDONOUGH, GA 30253  
INFO@BUMBLEBEEDISPATCH.COM



**OBLIGATIONS OF CARRIER:**

1. CARRIER AGREES to pay a fee per load in the amount of 7%
2. CARRIER grants DISPATCHER authority to provide his/her signature for rate confirmation sheets and associated paperwork necessary for securing cargo for CARRIER.
3. This agreement shall be perpetual, provided that either party may terminate said contract by giving a 30 days written notice to each other
4. CARRIER has the obligation of REFLECTING OR ACCEPTING LOADS/shipments/cargo offered by the DISPATCHER, in case OF ACCEPTING said LOADS/shipments/cargo the CARRIER will pay for services rendered even if the CARRIER from its own fault (except natural disasters and truck/trailer breakdown with proof) can not pick up shipment/cargo/load.
5. CARRIER agrees to make available the following documents for dispatching purposes:
  - MC (MOTOR CARRIER AUTHORITY FORM)
  - W-9 SIGNED AND DATED RECENTLY
  - COPY OF ACTIVE INSURANCE
  - LETTER OF AFFILIATION WITH FACTORING COMPANY (if avail) also know as NOA LETTER. (If you aren't setup with a factoring company we can get you setup)

CARRIER

DISPATCHER

DATE

DATE

BY

BY

PRINT NAME

PRINT NAME

\_\_\_\_\_ DISPATCHER INITIAL

CARRIER INITIAL: \_\_\_\_\_

### 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 anytime 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: MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MAIN CONTACT: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

CELL: \_\_\_\_\_ EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

WEBSITE IF ANY: \_\_\_\_\_

DOT #: \_\_\_\_\_ MC#: \_\_\_\_\_ SSN/EIN#: \_\_\_\_\_ SCAC CODE: \_\_\_\_\_

TWIC CERTIFIED: \_\_\_\_\_ HAZ MAT CERTIFIED: \_\_\_\_\_

#### PART 2: EQUIPMENT SECTION:

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

##### VAN EQUIPMENT:

48' VAN: \_\_\_ 53' VAN: \_\_\_ AIRRIDE: \_\_\_ VENTED: \_\_\_ E-TRACK: \_\_\_

LOGISTICS: \_\_\_ LOAD BARS: \_\_\_ STRAPS: \_\_\_

PADS: \_\_\_ MAX LOAD WEIGHT: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

Carrier Profile

REEFER EQUIPMENT:

48' REF: \_\_\_\_\_ 53' REF: \_\_\_\_\_ AIRRIDE: \_\_\_\_\_ PALLETS: \_\_\_\_\_ ETRACK: \_\_\_\_\_

LOAD BARS: \_\_\_\_\_

FLATBED/SPECIALIZED EQUIPMENT:

45' FLAT: \_\_\_\_\_ 48' FT: \_\_\_\_\_ 53' FLAT: \_\_\_\_\_ 48' STEP DECK: \_\_\_\_\_ 53'

STEP DECK: \_\_\_\_\_ RGN: \_\_\_\_\_ IF SO SIZE: \_\_\_\_\_

RAMPS: \_\_\_\_\_ LEVELERS: \_\_\_\_\_ CHAINS: \_\_\_\_\_ STRAPS:

\_\_\_\_\_ TARPS: \_\_\_\_\_ SIDES: \_\_\_\_\_ OVERSIZE: \_\_\_\_\_

MAX LOAD WEIGHT: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

**PART 3: SERVICE AREAS OF OPERATION:**

(Check all that apply)

United States:  All 48 States

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

Canada:  AB  BC  MB  ON  QB  SK

Mexico:

**Rate of Haul Information:**

Please give us you minimum rate information. We understand that many factors will change this information. But this will give us a starting point.

MINIMUM RATE PER MILE: \_\_\_\_\_ MAX PICKS: \_\_\_\_\_

MAX DROPS: \_\_\_\_\_

COST PER EXTRA STOP: \_\_\_\_\_

DRIVER TOUCH : \_\_\_\_\_ (Y/N): COMMENTS: \_\_\_\_\_

**PART 4: FACTORING INFORMATION:**

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

**PART 5: INSURANCE INFORMATION:**

Please note: We do require our carriers to maintain a minimum of \$1 Million in liability and \$100,000.00 in Cargo insurance.

INSURANCE COMPANY: \_\_\_\_\_

CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**PART 6: OTHER INFORMATION:**

PLEASE USE THE FOLLOWING SECTION TO BETTER DESCRIBE YOUR COMPANY THAT WE HAVE NOT ALREADY ASKED FOR.

Office Use Only: Updated On: \_\_\_/\_\_\_/\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

### MULTIPLE TRUCK OPERATION FORM

Please complete this form if you are a trucking company with more than one (1) truck working under your authority.

TRUCK#	TRAILER#	TYPE TRLR	MAX WGHT	DRIVER	CELL

**Notes:**

1 - Does the assigned driver have the right to make load decision for you? \_\_\_

2 - Does the driver need to have a copy of the load confirmation? \_\_\_\_\_

3 - Do we need to do the initial dispatch of the driver, or will you? \_\_\_\_\_

4 - Other:

**Bumble Bee To Go LLC**  
**289 Jonesboro Road**  
**Suite 158**  
**McDonough, Georgia 30253**  
**info@bumblebeedispatch.com**

### **Credit Card Payment Authorization Form**

**Sign and complete this form to authorize Bumble Bee To Go to make a debit to your credit card listed below.**

**By signing this form you give us permission to debit your account**

**Please complete the information below:**

I \_\_\_\_\_ authorize **Bumble Bee To Go** to charge my credit card account indicated  
(Full Name) below for \$\_\_\_\_\_. or \_\_\_\_\_% of my invoices for  
dispatch.

Billing Address \_\_\_\_\_ Phone # \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

- Account type:  Visa  Master Card  AMEX  Discover

Cardholder Name: \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

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

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company, so long as the transaction corresponds to the terms indicated in this form.