

Ginn's Smooth Rolling, LLC – DISPATCH SERVICES OFFICE: (803) 614-8442

ginnsdispatch@gmail.com. Carrier Dispatch Set- up Requirements

Welcome to **Ginn's Smooth Rolling**. We are pleased that you have decided to grant us the permission to act as your dispatching service provider representing your company, covering your truck(s) and/or delivering the administrative functions. We understand how important your business is to you.

To get enrolled in our program, please complete, sign and return the following items by email to ginnsdispatch@gmail.com

- Dispatch Agreement
- Limited Power of Attorney
- Company Profile Sheet
- Copy of Carrier's MC Authority
 - Copy of your W-9
- Copy of insurance certificate

(We require \$100,000 in Cargo and \$1,000,000 in Liability because this is standard with most brokers)

AGREEMENT FOR Ginn's Smooth Rolling, LLC- DISPATCH SERVICES

This agreement made as of this _____ day of _____ 20____ by and between
Ginns Smooth Rolling, LLC and _____ (Company Name),
Hereinafter referred to as 'Client', desires to retain Ginn's Smooth Rolling, LLC by executing a Limited Power of Attorney form to
find and secure freight for Client and dispatch Client's equipment.

- 8% per load – Commercial Vehicles (Dry Van, Reefer, PO, Flatbed)
- 10% per load - Box Trucks, Sprinter/Cargo Vans
- **5% per load – (Contracts/term assignments)**
- \$10 per load Back Office Management
- State Permit filing- \$10 per permit + applicable filing fee

(Print Company Name)

Ginn's Smooth Rolling , LLC
(Print Company Name)

(Signature of Company Officer)

(Ginn's Smooth Rolling, LLC Representative)

(Print Company Officer's Name)

(Print Representative Name)

(Company Officer's Title)

(Company Officer's Title)

(Date)

(Date)

AGREEMENT FOR DISPATCH SERVICES: Ginn's Smooth Rolling, LLC -DISPATCH SERVICES

This attachment pertains to the selected level of service of this agreement for _____ (Client), and will remain in effect until either Client requests to have a change in service, wishes to terminate this Service Agreement, or Client is canceled by Ginn's Smooth Rolling, LLC for cause.

Percentage Rate Agreement: This plan is detailed as a percentage of gross revenue rate plan, which is for services provided. This plan includes all standard dispatching services of this agreement. The cost of this plan is the percentage chosen of the gross revenue (excluding accessorial) per truck enrolled with Ginn's Smooth Rolling, LLC. Invoices will be sent out weekly. Payment for this plan is to be made in full within 3 days of the invoice date.

OTHER PROVISIONS: Nonpayment pertaining to all service plans. There is a built-in grace period of 5 days after the due date. Client will then be notified on the outstanding payment. After 10 days past due the account is subject to suspension. If an account is suspended, the account must be paid current and is subject to a reinstatement fee of \$150.00 prior to the account being reactivated.

CARRIER: _____ DATE: _____

BY: _____

Limited Power of Attorney Form

BE IT KNOWN, that _____ with an MC or DOT number of _____ has made and appointed, and by these presents does make and appoint Ginn's Smooth Rolling, 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 Ginn's Smooth Rolling, LLC, full power and authority to do and perform all and every 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:

COMPANY NAME: _____

Signature: _____ Printed Name: _____

Title: _____ Date: _____

OWNER OPERATOR OR TRUCKING COMPANY

CARRIER PROFILE

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 should 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 1: CARRIER INFORMATION SECTION

COMPANY: _____ DBA (If Any): _____

PHYSICAL ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

MAIN CONTACT: _____ E-MAIL: _____

OFFICE PHONE: _____ FAX: _____ CELL PHONE: _____

EMERGENCY CONTACT: _____ EMERGENCY PHONE: _____

MC NUMBER: _____ DOT NUMBER: _____ EIN: _____

PART 2: EQUIPMENT SECTION

NUMBER OF TRUCKS: _____ COMPANY: _____ OWNER OPERATORS: _____ NUMBER OF TEAMS: _____

TRAILER/BOX/TRACTOR TYPE: ASSET 1: _____ ASSET 2: _____ ASSET
3: _____

OTHER TYPES: _____

TRAILER SIZES: VAN: _____ REEFER: _____ FLATBED: _____ STRAIGHT _____

DISPATCHING SERVICE

Asset 1: Type: _____ Driver Name: _____ Driver Phone: _____ MAX
Haul: _____ Asset 2: Type: _____ Driver Name: _____ Driver Phone: _____
MAX Haul: _____

Areas of USA you like to travel (ZONES) – Please circle all that apply:

Northeast (NY, NJ, CT, RI, MA, ME,
etc.)

Midwest (MI, OH, KY, IN, IL, WI, etc.)

Southeast (FL, GA, LA, AL, etc.)

Southwest (TX, NM, etc.)

West (CA, AZ, OR, NV, ID, etc.)

Rate of Haul information: Please give us your 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: _____ \$ PER PICK/DROP:
_____ DRIVER TOUCH (Y/N): _____