

Phone: 1-641- 649-8019 Fax: 1-641- 649-8019 Email: support@bravelogistic.comWebsite: https://bravelogistic.com

WELCOME!

Thank you for your interest in Brave Logistic Dispatch Service. Brave Logistic is an all-inclusive dispatch service with over 8 years of experience in the trucking industry. Our services are great for start-ups, established businesses and the 1-5 truck operators. Our goals are to get you the highest paying loads and help build your business!

In addition to dispatching, we offer other trucking services that may be of interest to you:

Billing at \$5 per invoice Broker Contracts – no dispatch...you find you own loads and we do the set up for you for \$35 Factoring – we can work with your factoring company or help you set up with one IFTA/KYU Reports Authority Setup Company Formation DOT Compliance Drivers For Hire Fuel Cards Guidance with Insurance Quotes Guidance with Roadside Breakdowns

Please let us know if you are interested in any of these other services! Thank you and we look forward to working with you.

Brave Logistic DISPATCH SERVICE SIGN-UP CHECKLIST

In order to assist you in signing up for Brave Logistic Dispatch Service, please ensure that you have sent the following paperwork and information. All forms can be found on the Dispatch Service page of our website:www.Brave Logistic.com and may be returned via fax (1-641- 649-8019) or email (support@bravelogistic.com).

_____Completed Carrier Profile Sheet

_____Completed Dispatch Agreement (NOT a contract)

_____Completed Limited Power of Attorney Form

- _____Completed Credit Card Authorization Form
- _____Completed Equipment/Area/Rate Form
- _____Copy of Authority
- _____Copy of Insurance Certificate
- ____Copy of your W-9
- _____Copy of your Notice of Assignment if you factor
- _____Copy of Driver's License
- _____Copy of Cab Card
- _____Copy of Trailer Registration

CARRIER PROFILE SHEET

- 1. Company Name:
- 2. Mailing Address:
- 3. Physical Address:
- 4. Phone #:
- 5. Fax #:
- 6. Email:
- 7. Broker References:
 - i. Name:

Contact:

Phone #:

ii. Name:

Contact: Phone #:

iii. Name:

Contact: Phone #:

8.	Name of Factoring Co	Name of Factoring Co					
	Address:						
	Phone:	Fax:	ax:				
	If you want us to check credit with your factoring co., and/or do your billing:						
	Name of contact:	Email of contact:	_				
9.	How did you hear about us? Web Sea	earch <u>Brave Logistic</u> Flyer/Email					
	Factoring Co	Other					



DISPATCH SERVICE AGREEMENT

۱, The Owner of &/oı	r The Driver	of Tru	ck#	of (the
carrier) a licensed Motor Carrier, MC#,	an	id/or D	OT#,		;
hereby grants authorization to Brave Logistic, to act	: as my ager	nt for tl	ne sole pu	irpose	
of searching for and booking shipments, processing	all brokera	ge pap	erwork an	nd obtaining	
Certificates of Insurance as required in order to exp	edite shipm	nents a	nd dispate	ch via telephor	ne, fax or
e-mail for my truck, Unit#, License Plat	e#,		_, in the s	state of,	
All billing, invoicing and colle	ctions of re	venue	from cust	omers, broker	S,
shippers, consignees, etc- are the sole responsibility	/ of the carr	ier. If r	evenue fo	or a shipment o	or
shipments are uncollectible, Brave Logistic, will be	held harmle	ess and	no penalt	ty or	
deduction of fees will be made. The carrier agrees to	o maintain a	all prop	per license	es and permits	sto
conduct business as a motor carrier in the area of in	itended ope	eration	. Addition	ally, carrier ag	rees to
maintain liability and cargo insurance at the amount	ts set forth	by the	home sta	te of the carrie	er.
Brave Logistic, will be held harmless in the event of	any and all	l claims	. The carr	ier	
agrees to maintain an account with (an internet load	d board ser	vice), ii	n the nam	e of the carrie	er, with
Brave Logistic, . as the point of contact for dispatchi	ng purpose	s.			
The fee for dispatch services will be 10% of the gros	ss revenue (of each	n shipmen	t with no mini	mum
charge.					
As loads are picked up, an amount equal to the abo	ve stated po	ercenta	age will be	e payable to: B	rave Logistic, . Payments are to
be conveniently paid with any Debit or Credit Card v	via Text				
or Email Invoice App. Processed by Paypal Invoices.					
Please provide your SMS Cell Phone Text Number H	ere; ()			&
Your Email Here;					
Either party has the right to end this agreement wit		-			
by written request. Upon cancellation, any unused f		-	the depo	sit account wi	ll be
refunded to the carrier within two (2) business days	•	•			
By signing below, I fully understand the terms of thi	s agreemer	nt.			
Company:					
Signature:	_Date:]	_/	_	
Print name:					
Consent *					
I authorize Brave Logistic, to complete all broker Ca	arrier Packe	ts and	Rate		
Confirmations on my behalf					
I consent to having the Carrier Packets and Rate Cor	nfirmations	compl	eted by Bi	rave Logistic,	
on my behalf.					
OTHER DOCUMENTS NEEDED			_		
Please email copies of your W9, MC Authority letter	and Certifi	cate of	Insurance	e to	
support@bravelogistic.com. Thank you.					
Dispatcher: Brave Logistic,					



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LIMITED POWER OF ATTORNEY

This Limited Power of Attorney is made and entered into this _____day of ______, 20_____, by and between Brave Logistic DISPATCH SERVICE, a division of Brave Logistic, (Dispatcher) and ______, a Registered Motor Carrier with its principal office at ______, ("Carrier"); collectively referred to as the "Parties".

The CARRIER hereby appoints and authorizes Brave Logistic DISPATCH SERVICE, to act and speak on its behalf as pertaining to: **Professional Dispatch Services.** Brave Logistic DISPATCH SERVICE shall have the power to:

- Contact shippers and brokers, negotiate rates, and procure agreed upon freight for carrier.
- Sign and execute broker contracts and rate confirmations for freight.
- Transfer paperwork as it pertains to each load (broker contracts, rate confirmations, BOLs, PODs, lumper receipts and any other relevant documents) to move cargo for shippers and/or brokers.
- Transfer company credentials (carrier profile, MC Certificate, W-9, certificate of insurance, and any other relevant documents) to move cargo for shippers and/or brokers.
- Submit load documents for payment (invoices, rate confirmations, BOLs, PODs, lumper receipts, and any other load documents) to shippers, brokers, and/or carrier's current factoring company), if requested.
- Submit fuel advances, follow up on accounts receivable, make collection calls/emails, assist with claim resolutions, if requested.
- Request trip and oversize, overweight, and over-dimensional permits, if requested.
- Processing FMSCA documents (IFTA taxes, Form 2290, UCR, MCS-150, IRP, BOC3, compliance, safety audits etc.), if requested.

IN WITNESS WHEREOF, the parties hereto have executed this AGREEMENT on the date below and it shall remain in effect until terminated by either party.

Brave Logistic DISPATCH SERVICE Company (DISPATCHER)

Authorized Signature
<u>LARRY JOE, MANAGING MEMBER</u>
Printed Name/Title

Company (CARRIER)

Authorized Signature

Printed Name/Title

Date

Date



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CREDIT CARD PAYMENT AUTHORIZATION FORM

I _______, hereinafter called CARRIER do hereby authorize Brave Logistic, hereinafter called DISPATCH, to initiate a debit entry for the amount due on each invoice for services rendered per signed agreement, to the credit card account indicated below, in consideration of the dispatching service provided to me. I understand that my signature on this authorization form, along with a photocopy of the front and the back of both my credit card, as well as my driver license, will allow me the convenience of not having to produce these items for impression at the time of service.

Name on the Card:	_ Please Circle One: VISA MC			
DISC AMEX Credit Card Number:				
Expiration Date:/ CVN:	ZIP:			
Authorized Payment Amount:	Loads Starting on	/	/20	_

This authorization is to remain in full force and effect until the ending date listed above. I understand that I will be notified via email when DISPATCH debit my account each week. I understand that if the load is tendered and accepted by me, but for any reason, whether is due to carrier, shipper, or broker, the load gets reschedule or canceled, I am still responsible for paying DISPATCH as set out above unless agreement is made with Brave Logistic Freight, .

Any revocation shall not be effective until DISPATCH is notified by CARRIER in writing to cancel this automatic payment authorization, in such time and in such a manner as to afford DISPATCH a reasonable opportunity to act on it.

_____ Card Holder's Signature Authorization

Date _____

Card Holder's E-Mail_____

Equipment Information

Type of Equipment:

Tractor: Year:	Make:			Trk #:
Trailer: Year:	Make:		None:	Trl #:
Trailer Type: (circle applicable information	on)		
Van:	Length: 48' or 53'	Width: 96" or 102"	Door: Swing Doo	r or Roll Door
	Plate Trailer (all aluminum	n inside/outside ex. floor)	or Regular Freight Trai	ler (plywood inside)
	If Regular Freight Trailer:	Metal Roof	or Fiberglass Ro	of
Reefer:	Length: 48' or 53'	Width: 96" or 102"	Door: Swing Doc	r or Roll Door
Flatbed:	Length: 48' or 53'	Width: 96" or 102"		
Double-Drop:	Length Bottom V	Vell Length Top Do	eck LengthWeigh	t Capacity
Step-Deck:	Length Bottom V	Vell Length Top D	eck LengthWeigh	t Capacity
RGN:	Length Bottom \	Well Length Weigh	t Capacity	
Hotshot:	Length Weight	Capacity		
Other Equipme	nt: Chains Binde	rs Tarps: Size	Straps #	_ Load Bars #
Ramps Pal	et Jack Dunnage Co	il Racks Edge Protectors	Pipe Stakes eTrac	Other:
		Services Offered (Circle all	that apply)	
C-TPAT S	martway FAST	TWIC CARB Ha	zmat SCAC code:	
RFID Tag	Drayage Air Ride N	Vented GPS Tracking	ELD Provider	
Tanker Endorse	ement Other:			
		Area/Rate Informa	tion	
Area Based Out	: Of:			
Preferred Area	s to Run:			
Current Locatio	n of Truck (for 1 st Dispatch):		
Average # of Da	ays You Want the Truck Ou	t:		
Realistic Rate P	er Mile Expected:			