

This Agreement is made this	day of	, 20 22 , by a <u>nd</u> between " ON THE
MAPP TRUCKING DISPATCH SE	RVICES", hereafter r	referred to as DISPATCHER, and
Baucom Transportation, here	einafter referred to	as CARRIER.

WHEREAS, DISPATCHER is a transportation dispatcher handling the necessary paperwork between a SHIPPERS and the CARRIER to secure "CARGO" for said CARRIER.

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

OBLIGATIONS OF DISPATCHER

- 1. DISPATCHER agrees to handle paperwork, phone, fax calls to, from the SHIPPER to tender commodities shipments to CARRIER for transportation in interstate commerce by CARRIER between points and places within the scope of CARRIER'S operating authority and handle all invoicing to the Broker.
- 2. DISPATCHER bears no financial or legal responsibility in the transaction between the Shippers, Carrier agreement.
- ON THE MAPP DISPATCH SERVICES, agrees to perform all invoicing on the carrier's behalf upon the completion of each individual load. A copy will be provided to the broker and to the owner for their records.

OBLIGATIONS OF CARRIER

- 1. CARRIER agrees to pay (10%) on a per week basis to the dispatcher. CARRIER further agrees to pay ON THE MAPP TRUCKING DISPATCH SERVICES within (7) seven calendar days after completion of each load via Debit/Credit card.
- 2. CARRIER gives DISPATCHER authority to provide his/her signature for rate confirmation sheets, invoices, and associated paperwork necessary for securing cargo and billing purposes only. The terms of this agreement shall be perpetual, provided that either party may terminate the same by giving 7 calendar days written notice.
- 3. The amount to be paid by SHIPPER to CARRIER shall be established between parties on a per shipment basis prior to commencement of each individual shipment. A load

confirmation including details of shipment and revenue to be paid will be supplied via FAX by SHIPPER to CARRIER Confirmation will be signed by DISPATCHER and returned via FAX or email to the Shipper.

- 4. CARRIER shall be liable for loss, damage, or liability occasioned by the transportation of property arranged by DISPATCHER, SHIPPER while in the possession of carrier.
- 5. CARRIER agrees to hold DISPATCHER, SHIPPER harmless from any liability for personal injury or property damage occurring during operation conducted by CARRIER pursuant to this agreement.
- 6. CARRIER will be responsible to comply with all applicable state and federal regulations pertaining to the operation of a motor carrier.
- 7. CARRIER agrees that it will function under terms of this agreement strictly as duly permitted contract carrier.
- 8. Carrier may also book their own loads, and you only pays DISPATCHER when DISPTCHER makes CARRIER money on a per load basis. There are no sign-up fees, or monthly fees associated with your account.
- 9. This agreement shall be deemed to be effective on the first date that CARRIER, DISPATCHER, and SHIPPER commence business together, and the parties hereby agree that the provisions herein properly express and memorialize the complete understanding as contained in any prior agreement either written or verbal.

DISPATCHER: On the Mapp Trucking Dispatc	h Services
BY: Rhonda Mapp	
TITLE: Owner	
CARRIER:	
BY:	TITLE:
DATE:	

LIMITED POWER OF ATTORNEY

KNOW ALL MEN	BY THESE PRESENTS that
l,	owner of
	, hereby make, constitute, and appoint ON THE
MAPP TRUCKING	S DISPATCH SERVICES as my true and lawful representative in fac
for me and in my r	name, place, and stead; for the following purposes only:

- To transfer documents associated with load bookings
- Accept loads
- Discuss my accounts and invoice brokers and/or direct shippers to receive payments
- Modes of communication for requesting and receiving documents may include telephone, email, fax or email.

Date: //	MC#	
Signature:		_
CARRIER PROFILE		
 The following documents are required. Copy of MC Authority. Copy of your insurance community. Signed W-9 form. Signed Contract for services. A notice of assignment from 	ertificate.	pany.
*We will need these things to put	together your carrier	packet for Brokers.
Please complete the following in	formation so that we r	may better serve you.
**You will receive an invoice faxe pay only the specified percentag sign-up fees, or monthly charges	e amount of the invoice	
Company's Name:		
Address:		
City:	State:	Zip:
Company's Phone Number:	Fax N	umber: