

AC EXPRESS SOLUTIONS

## DISPATCH SERVICE AGREEMENT

I \_\_\_\_\_, The Owner of &/or The Driver of Truck# \_\_\_\_\_ of (the carrier) a licensed Motor Carrier, MC#, \_\_\_\_\_ and/or DOT#, \_\_\_\_\_; hereby grants authorization to AC EXPRESS SOLUTIONS INC. to act as my agent for the sole purpose of searching for and booking shipments, processing all brokerage paperwork and obtaining Certificates of Insurance as required in order to expedite shipments and dispatch via telephone, fax or e-mail for my truck, Unit# \_\_\_\_\_, License Plate#, \_\_\_\_\_, in the state of, \_\_\_\_\_

All billing, invoicing and collections of revenue from customers, brokers, shippers and consignees - are the sole responsibility of the carrier. If revenue for a shipment or shipments are uncollectible, AC EXPRESS SOLUTIONS INC. will be held harmless and no penalty or deduction of fees will be made. The carrier agrees to maintain all proper licenses and permits to conduct business as a motor carrier in the area of intended operation. Additionally, carrier agrees to maintain liability and cargo insurance at the amounts set forth by the home state of the carrier. AC EXPRESS SOLUTIONS INC. will be held harmless in the event of any and all claims. The fee for dispatch services will be 8 % of the gross revenue of each shipment with no minimum charge. As loads are picked up, an amount equal to the above stated percentage will be payable to: AC EXPRESS SOLUTIONS INC.

Payments are to be conveniently paid with any Debit or Credit Card via Zelle or Email Invoice App.

Cell Phone Text Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Erie, Colorado

Email: [dispatch@acexpress.org](mailto:dispatch@acexpress.org)

Ph: 1 (720) 254-9424

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## DISPATCH SERVICE AGREEMENT

Either party has the right to end this agreement without cause at any time with seven (7) days' notice by written request. Upon cancellation, any remaining balances owed will be charged to the carrier within two (2) business days without penalty.

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

Company:

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print name:

Consent:

I authorize AC EXPRESS SOLUTIONS INC. to complete all broker Carrier Packets and Rate Confirmations on my behalf I consent to having the Carrier Packets and Rate Confirmations completed by AC EXPRESS SOLUTIONS INC. on my behalf.

Required Documents

Please email copies of your CDL, W9, MC Authority letter and Certificate of Insurance to [dispatch@acexpres.com](mailto:dispatch@acexpres.com)

Thank you.

Dispatcher: AC EXPRESS SOLUTIONS INC. \_\_\_\_\_

Erie, Colorado

Email: [dispatch@acexpress.org](mailto:dispatch@acexpress.org)

Ph: 1 (720) 254-9424

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**LIMITED POWER OF ATTORNEY FORM**

I \_\_\_\_\_ with an MC or DOT number of \_\_\_\_\_ has made and appointed, AC EXPRESS SOLUTIONS INC., 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 AC EXPRESS SOLUTIONS INC., 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: AC EXPRESS SOLUTIONS INC. [dispatch@acexpress.org](mailto:dispatch@acexpress.org)

CARRIER/TRUCKING COMPANY NAME:

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

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

WITNESS (For Carrier) Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

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