



KEEP IT MOVING LOGISTICS LLC

Carrier Dispatch Service Agreement

Welcome to KEEP IT MOVING LOGISTICS LLC! 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, which is no small deal or transaction. We understand how important your business is to you. You have made a wise decision. We will represent you with integrity, professionalism and pride in all that we do!

Queries?

Feel free to ask!

Keepitmoving1964llc@gmail.com

Visit our website!

keepitmoving-llc.com

Or call us now at:

848-235-1349

We will need your following basic documents

MC Authority Letter

Certificate of Insurance

W-9 From

NOA (Notice of assignment)

-Please email these documents at Keepitmoving1964llc@gmail.com

Not associated with any factoring company?

No worries at all! We will look for the best company for you which can provide you best possible services at the most economic rate. Ask your assigned dispatcher now!

THANK YOU FOR CHOOSING
KEEP IT MOVING LOGISTICS LLC

Note: Please read carefully and sign it after filling it up with the required data. Make sure you fill every field with correct information to avoid any inconveniences

Recitals

This agreement is made as of day _____ of by _____ and between
KEEP IT MOVING LOGISTICS LLC _____.

Here in after referred to as "Client", desires to retain KEEP IT MOVING LOGISTICS LLC by executing a Limited Power of Attorney from to find and secure freight for Client and dispatch Clients equipment.

Prior to the implementation of this agreement, Client must furnish to KEEP IT MOVING LOGISTICS LLC the documents mentioned below.

-MC Authority Letter

-Certificate of Insurance

-W-9 Form

-NOA (Notice of assignment)

Please email these documents at Keepitmoving1964llc@gmail.com

Pricing Effective date The agreement shall be in effect upon the date signed by both parties to this agreement and shall be in effect until the revocation of the Limited Power of Attorney or until notice is given by KEEP IT MOVING LOGISTOCS LLC.

PRICING



Statement of the Work

-Find freight that best matches profile for the Client.

-Contact Client with load matches and go over options.

-Fax to shipper/broker the Client's MC Authority, W-9, proof of insurance, and order insurance certificates, if required, along with any other required supporting documentation upon the Client agreeing to take a load.

KEEP IT MOVING LOGISTICS LLC At Your Service..!
keepitmoving-llc.com

- Handle the setting of appointments if necessary.
- Provide the driver with all dispatch instructions for pickup, transit and delivery.
- Assist with any problems that arise in the transit of the load when necessary if within our capabilities. The Client is responsible for own equipment. We can try to direct Client to a service that might be of help.
- Hold on to the dispatch, accessorial information, etc. until the load is completed. Once completed
- Forward the final load confirmation and mail all documentation to the Client, concluding that all services have been performed in full

Jurisdictions and Venue

KEEP IT MOVING LOGISTICS LLC and Client hereby consent to and agree to submit to the jurisdiction of the Federal and state courts in connection with any claims or controversies arising out of the Agreement.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as the date written.

Print Company Name

Signature of company's representative

Date

KEEP IT MOVING LOGISTICS LLC

Print Company Name

Signature of company's representative

Date

Card Authorization Form

I, _____ give permission to KEEP IT MOVING LOGISTICS LLC to charge my card for the following purchases. My card details will be stored in my profile and will only be used for approved purchases. Amount Authorized _____.

_____ *Amount Authorized*

_____ *Card Holder Email*

_____ *Product/Services*

CARD INFORMATION

CARD TYPE

- Master Card
 VISA
 Discover
 AMEX

_____ *Card Holder Name on Card*

_____ *Card Number*

_____ *Others*

_____ *CVV Code*

_____ *Expiration Date*

_____ *Zip Code*

Bank Transfer Authorization

I authorize KEEP IT MOVING LOGISTICS LLC to electronically debit my bank account according to the terms outlined below.

I acknowledge that electronic debits against my account must comply with United States law. KEEP IT MOVING LOGISTICS LLC can charge me an amount of _____ on Monday of every week starting on _____ till cancelled or notified to KEEP IT MOVING LOGISTICS LLC.

_____ *Routing Number*

_____ *Account Number*

_____ *Customer Signature*

_____ *Customer Name*

_____ *Date*