

Havmoore Logistics, LLC

Dispatcher to Carrier Agreement

This Agreement is made on this 3rd day of December, 2020, by and between "Havmoore Logistics", hereafter referred to as DISPATCHER, and BIONIC GL, hereinafter referred to as CARRIER. DISPATCHER is a transportation dispatcher handling the necessary paperwork between SHIPPERS and/or BROKERS and the CARRIER in order to secure "Freight" 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 covenants hereinafter contained it is mutually agreed by and between the parties hereto as follows:

OBLIGATIONS OF DISPATCHER

1. DISPATCHER agrees to handle paperwork, phone calls, and faxes from the BROKER or 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.
2. DISPATCHER bears no financial or legal responsibility in the transaction between the SHIPPER or Broker and you the CARRIER.
3. Dispatcher will find ALL your loads so there is no mix ups.
4. DISPATCHER will:
 - A. make 100% effort to keep truck(s) loaded.
 - B. CARRIER will be contacted (by phone call/text/email) about EVERY load we find to offer, and the driver will ACCEPT or REJECT the load.
 - C. Invoice the CARRIER at the time of service; also provide a copy of each Load Confirmation Sheet.
 - D. Payment is due to DISPATCHER at time of invoice.

OBLIGATIONS OF Carrier

1. CARRIER agrees to pay a flat rate fee of 8% per load. You will be invoiced once weekly, the invoice will be sent out Friday, for all your weekly loads, and due Sunday.
2. CARRIER gives DISPATCHER authority to provide his signature for rate confirmation sheets, invoice and associated paperwork necessary for securing cargo and billing purposes. The terms of this agreement shall be continuous, provided that either party may terminate this agreement at anytime.
3. SHIPPER agrees to pay CARRIER promptly, following receiving the invoice. The amount to be paid by SHIPPER to CARRIER shall be established between the 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 EMAIL by SHIPPER/BROKER/DISPATCHER to CARRIER. Confirmation will be signed by DISPATCHER and returned via FAX or EMAIL to SHIPPER/ BROKER.


Payments are due to the DISPATCHER for services rendered are not contingent on outstanding payments due to the CARRIER for loads that he/she has hauled for the SHIPPER OR BROKER.

Failure to pay the DISPATCHER for services rendered will result in termination of the agreement and services immediately unless otherwise determined by the DISPATCHER.

“Havmoore Logistics, LLC”

By: Paul Agbo

Title: Owner/ C.E.O

Signature:  _____

Date: 3rd December; 2020

CARRIER (company name): BIONIC GLOBAL SERVICES, LLC

TITLE: Owner/CEO

Print name: Bobby Mgbameh

Signature: _____

Date: 3rd December; 2020

We will also need the following from your company to start working for you!

- 1. A completed W9 Form. We have one you can fill out if you don't have one.**
- 2. A Copy of your Motor Carrier Authority Form.**
- 3. A Copy of your Insurance Certificate.**

CARRIER/COMPANY PROFILE FORM

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 can 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 I: CARRIER PROFILE INFORMATION SECTION:

COMPANY: _____ **D/B/A (if Any):** _____

PHYSICAL ADDRESS: _____ **CITY:** _____ **STATE:** _____

ZIP: _____ **MAIN CONTACT:** _____ **OFFICE PHONE:** _____

FAX: _____ **CELL:** _____

EMERGENCY CONTACT: _____ **PHONE:** _____

WEBSITE IF ANY: _____

DOT #: _____ **MC #:** _____ **SSN/EIN #:** _____ **TWIC CERTIFIED:** _____

HAZMAT CERTIFIED: _____

PART 2: EQUIPMENT SECTION:

(For more than one truck use the multiple truck form)

EQUIPMENT:

48' VAN/Reefer: ____ **53' VAN/Reefer:** ____ **FLATBED/STEPDECK/HOTSHOT Trailer length:** _____

AIR RIDE: ____ ____

Truck/Trailer Number: _____

*****ALL FLATBEDS MUST HAVE FULL SECUREMENT EQUIPMENT TO INCLUDE TARPS*****

Max Load Weight: _____

Comments: _____

PART 4: FACTORING INFORMATION:

If you use a factoring service, please provide us with the following information. This will ensure that we only use brokers that approved by your factoring company.

FACTORING COMPANY NAME: _____

CONTACT: _____

PHONE: _____

FAX: _____

WEBSITE: _____

BILLING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

Web Portal username/password: _____

We will need the login information for your factoring company to run credit checks.