



Dispatch Carrier Agreement

Before we can dispatch your truck we need the following documents completed and sent back to us either by fax or email.

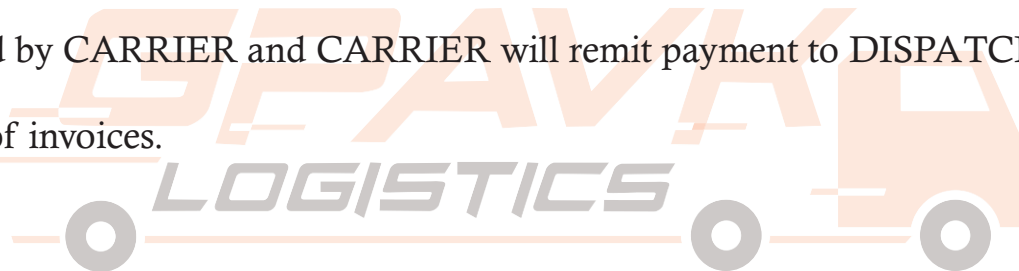
1. Carrier Authority
2. Carrier W-9 Form
3. Insurance Certificate
4. NOA (IF you have Factoring) *Optional

This DISPATCH CARRIER Agreement (hereinafter "AGREEMENT") is made and entered into this _____ DAY of _____ 2021, by and between GPAVK Logistics , ("DISPATCHER") and, a Registered Motor Carrier with the FMCSA. MC# _____ , DOT# _____ ("CARRIER"); collectively referred to as the "PARTIES".

GPAVK Logistics Offers an Independent dispatcher to the carrier which helps him Finding Loads between Freight Brokers, Freight Forwarders and Direct Shippers and CARRIER.

Carrier agrees as follows:

CARRIER agrees to pay Flat \$50 to DISPATCHER for each load secured and successfully acquired by DISPATCHER on behalf of CARRIER. It is understood by both parties that DISPATCHER will invoice CARRIER each week for all loads accepted by CARRIER and CARRIER will remit payment to DISPATCHER upon receipt of invoices.



No amendments can be added nor any item deleted from this agreement unless in writing and agreed to by both parties.

Accepted on this _____ day of _____, 2021.

**For DISPATCHER
(Signature)**

Carrier Profile Information

Kindly complete the form with all the information pertains to you and your Company. This information is for our use only and we will not be released to any third party without your express written permission.

Carrier Information:

CompanyName: _____

Physical Address: _____

Main Contact: _____

Emergency Contact: _____

Fax: _____

Cell: _____

Email: _____

DOT: _____ MC: _____

TWIC: _____ Hazmat: _____

Equipment Information:

Number of VAN: _____

48 VANS: _____ 53 VANS: _____

MAX LOADWEIGHT: _____ PLATED: _____

AIR RIDE: _____ VENTED: _____

E-TRACKS: _____ LOADBARS: _____ STRAPS: _____

COMMENTS IF ANY: _____

Number of REEFER: _____

48' REEFER _____ 53' REEFER _____

MAX LOADWEIGHT: _____

AIR RIDE: _____ E-TRACKS: _____ LOADBARS: _____

COMMENTS IF ANY: _____

Number of FLATBED: _____

48' FLATBED: _____ 53' FLATBED: _____

MAX LOAD WEIGHT: _____ TARPS: _____

STRAPS: _____ LOADBARS: _____ CHAINS: _____

COMMENTS IF ANY: _____

Number of HOTSHOT: _____

Size: _____

COMMENTS IF ANY: _____

Number of BOX TRUCK: _____

Size: _____

COMMENTS IF ANY: _____

Areas of Operation:

All 48 states: _____

Canada: _____

Factoring Information:

Optional If you have factoring service, kindly fill up all the details:

Factoring Company Name: _____

Contact: _____

Phone: _____

Fax: _____

Billing Address: _____

Insurance Information:

Insurance Company Name: _____

Contact: _____

Phone: _____ Fax: _____

Email: _____

Address: _____

Any information if you want to provide which is not mentioned above, kindly comment and let us know: _____

*NOTE: This agreement says that you are not in any Contract/Bond with GPAVK Logistics.

Signature

Date



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🌐 www.gpavklogistics.com