



GoDelEx, Inc.
3231 NE 25th Ave
Ocala, FL. 34479
352-857-5396

Dispatch Service Agreement

This Agreement is made this _____ of _____ 20____, between **GoDelEx, Inc.** (COMPANY) and _____ (MC _____) which address is _____, _____ collectively referred to as (CLIENT or CARRIER) as follows:

1. **CLIENT'S General Duties.** CLIENT in a good manner will deliver consumer items and freight cargo items for brokers and customers and perform such other transportation and related services as may be necessary to serve customers. Insure safety and compliance during operation.

2. **COMPANY'S General Duties.** COMPANY will assist with all aspects of freight booking process for a CLIENT. COMPANY will act as CLIENT'S non-exclusive representative when dealing with Brokers and complete any necessary documentation on behalf of CLIENT as outlined in **Exhibit A.**

3. **Duration.** This Agreement shall become effective on the date inserted in the first sentence of this agreement and shall remain in effect for a period of one (1) month. Thereafter, it shall be effective from month to month unless sooner terminated in accordance with paragraph 4.

4. **Termination.** This Agreement may be terminated at any time: (a) by mutual consent; (b) by the insolvency of CLIENT due to non-payment as outlined in Exhibit B; (c) without cause upon either party giving the other (7) days written notice of termination; or (d) with cause upon the breach of this agreement by either of the parties.

5. **Payment.** CLIENT shall pay COMPANY for services provided as outlined in Exhibit B.

6. **Equipment.** CLIENT will provide its own equipment.

7. **Insurance.** CLIENT will carry at its own expense physical damage, bobtail, cargo and liability insurance upon any vehicles or other equipment used by it in carrying out its duties under this agreement.

8. **Labor and Hold Harmless.** CLIENT shall, at its own expense: (a) furnish whatever labor is necessary to provide delivery services to BROKERS AND SHIPPERS, and (b) provide Worker's Compensation and Employer's Liability Insurance if necessary. CLIENT shall also be responsible for payment of wages and social security and withholding taxes for any of its employees. CLIENT shall hold COMPANY harmless from any liability resulting from injury or death of any persons including but not limited to driving, operating, repairing, maintaining,



EXHIBIT “A” OF DISPATCH SERVICE AGREEMENT

COMPANY’S DESIGNATION:

By signing this Exhibit Client provides written consent to the Company to act on their behalf as Dispatcher (and be listed on Carrier-Broker Agreements as Dispatcher or Manager of Logistics/Operations). In such capacity Company has the right to perform following duties:

- Contact Brokers on behalf of the Carrier to acquire information on available freight and conditions
- Sign Broker-Carrier agreements on behalf of the Carrier
- Negotiate the rates and sign rate confirmations on behalf of the Carrier
- Set up accounts with leading load boards for purpose of searching and “truck posting” for Carrier
- Conduct communication with Freight Brokers on behalf of the Carrier

Client’s Acceptance:

I _____ have read and I understand and agree to the term and conditions listed above.

Signature: _____ Date: _____

Company’s Acceptance:

Signature: _____ Date: _____



EXHIBIT “B” OF DISPATCH SERVICE AGREEMENT

COMPANY’S COMPENSATION:

By signing this Exhibit Client agrees to pay Company every week as following (please select one):

Option 1

- 10% of the loads gross revenue booked by the Company for Client

Total of 10% of the loads gross revenue booked by the Company from Monday through Sunday will be charged following Monday to Client’s credit or debit card or through Client’s factoring company.

Option 2

- \$250.00 weekly “pay in advance” flat fee per truck

Total of \$250.00 per truck will be charged (!) every Monday to Client’s credit or debit card until this agreement is terminated.

Option 3

- \$75.00 flat fee per load

Flat fee of \$75 per each load booked by the Company from Monday through Sunday will be charged to Client’s credit or debit card following Monday.

Client’s Acceptance:

I _____ have read and I understand and agree to the term and conditions listed above.

Signature: _____ Date: _____

Company’s Acceptance:

Signature: _____ Date: _____



COMPANY PROFILE

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 should be updated at anytime 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 1: CARRIER INFORMATION SECTION

COMPANY: _____ D/B/A (If Any): _____
 PHYSICAL ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 MAILING ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 MAIN CONTACT: _____ OFFICE PHONE: _____ FAX: _____
 EMERGENCY CONTACT: _____ PHONE: _____
 CELL: _____ EMAIL: _____
 SCAC CODE: _____ TWIC CERTIFIED: _____ HAZMAT CERTIFIED _____

PART2: EQUIPMENT SECTION

(If you have more than one truck, please use the multiple truck form page if needed)

NO. OF TRUCKS: _____ COMPANY: _____ OWNER OPERATOR: _____ NO. TEAMS: _____
 NO. OF TRAILERS: VAN: _____ REEFERS: _____ FLATBED: _____ RGN: _____
 STEP DECK: _____ D/D: _____ OTHER TYPE: _____
 TRAILER SIZES: VAN: _____ REEFER: _____ FLATBED: _____ RGN: _____ STEP DECK: _____ DID: _____
 DETAILED DESCRIPTION OF EQUIPMENT (I.E. PALLETS/TARPS/OVERSIZE, WEIGHT LIMITS AND COMMONITIES): _____

PART 3: SERVICE AREAS OF OPERATIONS: (Check all that apply)

United States: [] All 48 states

AL	AR	AZ	CA	CO	CT	DE	FL	GA	IA	ID	IL
IN	KS	KY	LA	MA	MD	ME	MI	MO	MN	MS	MT
NC	ND	NE	NH	NJ	NM	NV	NY	OH	OK	OR	PA
RI	SC	SD	TN	TX	UT	VA	VT	WA	WI	WV	WY

Rate of haul information: Please give us your minimum rate information. We understand that these factors may change this information, but this will give us a starting point.

Min. RATE PER MI: _____ MAX PICKS: _____ MAX DROPS: _____ \$ PER DROP: _____
 DRIVER TOUCH (YIN) _____ COMMENTS: _____



EQUIPMENT INFORMATION DATA SHEET

To complete your account set up we need to have detailed information on the equipment types and accessories that your truck (s) have with them. If you have more than one truck, please make copies of this form. If you have any questions, please feel free to contact us.

Tractor:

Make: _____ Model of Tractor: _____ Year: _____

License Number: _____ State of Registration: _____ Unit Number: _____

Vin Number of Tractor: _____

Trailer:

Make: _____ Year: _____

License Number: _____ State of Registration: _____ Unit Number: _____

Vin Number of Trailer: _____

Type of Trailer: _____ (i.e. Step Deck/Flat Bed/Conestoga/RGN/Reefer)

Size: _____ Maximum Load Weight to Haul: _____ HazMat? _____

If Van or Reefer:

Do you have E-Tracking? _____ Logistics Posts? _____ Load Bars? _____ Pallets? _____

If Flat/Step/RO/Conestoga.

Tarps? _____ If so what sizes _____ Chains/Binders? _____ How Many? _____

Straps? _____ How Many? _____ Load Levelers? _____ Ramps? _____

Oversize? _____

Any Additional Information:

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.	See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
		<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p> <hr/>	<p>Requester's name and address (optional)</p> <hr/>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
				-			-			
or										
Employer identification number										
							-			

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

• Form 1099-INT (interest earned or paid)

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.



Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.

All information will remain confidential.

Cardholder Name: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ MasterCard _____ Discover

Credit Card Number: _____

Expiration Date: _____

Card Identification Number (last 3 digits located on the back of the credit card):

Amount to Charge: as per valid agreement between Cardholder and **GoDelEx, Inc.**

I authorize **GoDelEx, Inc.** to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Print Name, Sign and Date Below:

Signed: _____

Print Name: _____

Dated: _____