SUGAR HILL LOGISTICS LLC

SUGARHILLLOGISTICS.COM Phone 914-434-4583 Email sugarhilllogisticsllc@gmail.com

INSTRUCTIONS: complete this **CARRIER PROFILE** giving all the information that pertains to your company. This form should 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 our express written permission

COMPANY NAME – DOT# & MC#

_____

OWNER NAME

_____

COMPANY ADDRESS – CITY – STATE – ZIP CODE

_____

COMPANY PHONE NUMBER & COMPANY EMAIL

_____

CERTS

HAZMAT(Y/N) _____ - TWIC(Y/N) _____ - TANKER ENDORSEMENT(Y/N) _____ - SCAC CODE _____

EQUIPMENT

QUANTITY & SIZE – VAN _____ (size) _____ REEFER _____ (size) _____ FLATBED _____ (size) _____

RATE OF HAUL INFO

PLEASE GIVE US YOUR MINIMUM RATE INFO. WE UNDERSTAND THAT MANY FACTORS WILL CHANGE THIS INFORMATION, BUT THIS WILL GIVE A STARTING POINT.

FREIGHT DISPATCHING SERVICE

MINIMUM RATE PER MILE _____ MAX PICKS _____ MAX DROPS _____ DRIVER TOUCH (Y/N) _____

OTR TIME / WEIGHT LIMIT / COMMENTS

_____

_____

_____

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LIMITED POWER OF ATTORNEY & FREIGHT SERVICE

I _____ Owner/Operator of Truck number _____ Trailer number _____

Motor Carrier number (MC) _____ & Department Of Transportation number (DOT) _____ hereby grants authorization or permission to **SUGAR HILL LOGISTICS LLC** to act as my **Dispatcher/Logistics Manager** for the sole purpose of searching for and booking loads, processing all brokerage paperwork **BROKER/CARRIER AGREEMENTS & RATE CONFORMATIONS** and obtaining/submitting all necessary documents required **COPY OF MC AUTHORITY LETTER, COPY OF CARRIER'S CERTIFICATE OF INSURANCE, COPY OF W9 & COPY OF NOTICE OF ASSIGNMENT, IF THE CARRIER HAS A FACTORING COMPANY.** In order to expedite loads & dispatch via cell phone or email for my truck **LICENSE PLATE#** _____ in state of, _____.

ALL BILLING, INVOICING, AND COLLECTIONS OF REVENUE FROM SHIPPERS, BROKERS AND/OR FACTORING COMPANIES ARE THE SOLE RESPONSIBILITY OF THE CARRIER OR TRUCKING COMPANY, UNLESS SUGAR HILL LOGISTICS LLC COMPANY AND CARRIER OR TRUCKING COMPANY HAVE ARRANGED AND AGREED UPON ADDITIONAL SERVICES PROVIDED TO THE CARRIER OR TRUCKING COMPANY BY THE FREIGHT DISPATCH/LOGISTICS. If revenue for a shipment or shipments is uncollectible, SUGAR HILL LOGISTICS LLC will be held harmless and no penalty or deduction of fees will be made.

The Carrier/Trucking Company agrees to maintain all proper licenses and permits **(UCR, IFTA, IRP, etc.)** to conduct business as a motor carrier in the area of intended operation, either Intrastate or Interstate. Additionally, the Carrier/Trucking Company agrees to maintain **general liability ($1million)** and **cargo insurance ($100.000)** at the amounts set forth by the home state of the carrier/trucking company.

LIMITED POWER OF ATTORNEY FORM

BE IT KNOWN, That _____ with an MC or DOT number of _____ Has made and appointed, & by these presents does make and appoint **SUGAR HILL LOGISTICS LLC** 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 **SUGAR HILL LOGISTICS LLC** 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. The Limited Power Of Attorney is to remain in full force and effect until revoked by Owner Operator or Sugar Hill Logistics LLC. Such revocation is to be emailed to sugarhilllogisticsllc@gmail.com

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FREIGHT DISPATCHING RATE AGREEMENT

COMPANY NAME_____**SIGNATURE** _____ **PRINT NAME**_____

TITLE _____ **DATE** _____

WITNESS FOR CARRIER OR NOTARY

SIGNATURE _____ **PRINT NAME** _____

TITLE _____ **DATE** _____

DISPATCHING FEE WILL BE 7% PER LOAD BOOKED

NOTE: **This Fee For Dispatch Services Includes Dispatcher Contracting Dedicated Freight (lanes) For Carrier**
As loads/Freight/Cargo are picked up, delivered, and Carrier/Trucking Company is paid FIRST, an amount equal to the above stated percentage/pricing scheme will be payable to **SUGAR HILL LOGISTICS LLC.** An invoice will be sent to the Carrier/Truck Company for each load with all the specific information needed. **All payment transactions must be paid once PICKUP BOL is received or FRIDAY MORNING 12am - 12pm via INVOICE (SQUARE)**

COMPANY PHONE NUMBER _____

COMPANY EMAIL _____

Either party has the right to end this agreement without cause at any time with 7 days notice by written request. By signing below, I fully understand the terms of this agreement.

COMPANY_____

SIGNATURE _____ **DATE** _____ / _____ / _____

PRINT NAME _____

_____ **DATE** _____ / _____ / _____

SUGAR HILL LOGISTICS LLC