

## **Nextzen Logistics**

Dispatch Coordinator: Sunny

Email: nextzenlogistics@gmail.com

Phone: (209) 231-4451

## **DISPATCH SERVICE AGREEMENT**

I	, The Owner o	f &/or The Driver o	of Truck#	of (the
carrier) a licensed Motor Carri	er, MC#,	and	/or DOT#,	;
hereby grants authorization to	Nextzen Logisti	ics to act as my age	ent for the sole pur	pose
of searching for and booking s	hipments, proce	essing all brokerage	e paperwork and ol	btaining
Certificates of Insurance as rec	quired in order t	o expedite shipme	ents and dispatch vi	ia telephone, fax o
e-mail for my truck, Unit#	, Licens	e Plate#,	, in the state	e of,
All billir	ıg, invoicing and	collections of reve	enue from custome	ers, brokers,
shippers, consignees, etc- are	the sole respons	ibility of the carrie	er. If revenue for a s	shipment or
shipments are uncollectible, N	extzen Logistics	will be held harml	less and no penalty	or
deduction of fees will be made	e. The carrier ag	rees to maintain al	ll proper licenses ar	nd permits to
conduct business as a motor c	arrier in the area	a of intended oper	ration. Additionally,	, carrier agrees to
maintain liability and cargo ins	urance at the ar	mounts set forth b	y the home state o	f the carrier.
Nextzen Logistics will be held l	narmless in the e	event of any and a	ll claims. The carrie	er
agrees to maintain an account	with (an interne	et load board servi	ice), in the name of	the carrier, with
Nextzen Logistics as the point	of contact for di	spatching purpose	es.	
The fee for dispatch services w	/ill be% of	the gross revenue	of each shipment	with no minimum
charge.				
As loads are picked up, an amount Logistics Payments are to be consisted to be consisted as a second consisted	•	•		•
or Email Invoice App.				
Please provide your SMS Cell F	hone Text Num	ber Here: (	_)	&
Your Fmail Here:				

Either party has the right to end this agreement without cause at any time with seven (7) days' notice
by written request. Upon cancellation, any remaining balances owed will be
charged to the carrier within two (2) business days without penalty.
By signing below, I fully understand the terms of this agreement.
Company:
Signature:Date:/
Print name:
Consent *
I authorize Nextzen Logistics to complete all broker Carrier Packets and Rate
Confirmations on my behalf
I consent to having the Carrier Packets and Rate Confirmations completed by Nextzen Logistics
on my behalf.
OTHER DOCUMENTS NEEDED
Please email copies of your CDL, W9, MC Authority letter and Certificate of Insurance to
Nextzenlogistics@gmail.com Thank you.
Dispatcher: Nextzen Logistics

## LIMITED POWER OF ATTORNEY FORM

Iwith an MC or DOT number of
has made and appointed, Nextzen Logistics, 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 Nextzen Logistics, 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. This power of attorney is to remain in full force and effect until
revoked by me in writing. Such revocation is to be emailed to: Nextzen Logistics
Nextzenlogistics@gmail.com
CARRIER/TRUCKING COMPANY NAME:
Signature:
Printed Name:
Title:
Date:
WITNESS (Witness for Carrier ) Signature:
Printed Name:
Date: