



WHAT WE NEED TO COMPLETE YOUR COMPANY SET UP

We hope we have been able to answer your questions and concerns about our services and how they work. If we haven't, please let us know and we will gladly attempt to answer them. We have the ability to make one of our service plans work for company. We can also work with you and your company to make a plan to more suite your needs.

Once you are ready we need to have the following items completed in order to get your account activated and us working for you. These are as follows:

NEEDED, INCLUDED IN THIS PACKET:

- A completed Service Agreement for Dispatch Services Form.
- A completed Dispatch Authorization Form. (This allows us to represent you in securing loads).
- Company Profile. (Please be detailed. This will better help us serve your needs).
- If you have multiple trucks, please complete this form.
- If you are established, we need (3) three trade references. (Brokers/shippers that you have hauled for).

NEXT WE NEED TO HAVE THESE ITEMS:

- A copy of your Authority.
- A completed W9 Form.
- A copy of your Insurance Certificate, and one from your insurance agent listing RK Truck Dispatch, LLC a Certificate holder. (We require \$100,000.00 cargo and \$1 million in liability). Our mailing address is:

RK Truck Dispatch, LLC
16432 Midland Blvd Suite #73
Nampa, ID 83687
Fax Number: 541.628.7427

You can either mail this information to us at the above address or email to: rick@rktruckdispatch.com or fax it to us at the above fax number.

– Then prior to us activating your account, and you have signed up for either our Basic Monthly Service Plan or our Monthly Paperwork Only Service Plan, we will need to have payment made in advance. If you have signed up for the Pay Per Load Plan no initial payment is needed. We have two different payment options. The quickest is to log onto our website: www.rktruckdispatch.com and select the Pay My Bill icon. This takes you directly to the Secure PayPal website portal. Once in the PayPal Portal just follow the online instructions to complete the transaction. (Note: You do not need to have a PayPal Account to use this service). The other option is to mail us a check to the above address. Once we receive your Check then we will active your account. You will receive an invoice showing paid.

If you have any questions, please feel free to contact us. Again, we do look forward in working with you and your company.



RK TRUCK DISPATCH, LLC AGREEMENT FORM

1. RECITALS

This agreement made as of this _____ day of _____, 20____ by and between RK Truck Dispatch, LLC, hereinafter referred to as RK Truck Dispatch, and _____, DOT # _____, hereinafter referred to as Client, desires to retain RK Truck Dispatch by executing a signed Dispatch Services Authorization form to find and secure freight. Client must prior to the implementation of this agreement furnish to RK Truck Dispatch the following:

- A. A signed Dispatch Services Authorization form.
- B. Copy of Client's Authority.
- C. Proof of insurance certificate, listing RK Truck Dispatch, LLC a certificate holder. Our address is 16433 Midland Blvd #73, Nampa, ID 83687. We require at least One Million in Liability and at least \$100,000.00 in Cargo coverage.
- D. A signed W-9 form.
- E. A list of any established references.
- F. A completed Company Profile Sheet.
- G. If you are using a factoring company, please provide this information also.
- H. Cell phone or other contact number and name(s) of main company contacts.

2. SERVICE PLAN REQUESTED (Please check which plan you prefer).

- **Basic Monthly Service Plan** – Flat rate of \$425.00 per month.. This plan is billed in advance.
- **Pay Per Load Plan** – load charge of \$50.00 per load booked.
- **Monthly Paperwork Only Plan** - Flat rate of \$300.00 per month. This plan is billed in advance.

Refer to Attachment "A" for additional information on our plans.

3. EFFECT DATE AND DURATION

This agreement shall be in effect upon the date signed by both parties, and shall be in effect until the revocation of the signed Dispatch Services Authorization form or until notice is given by RK Truck Dispatch. Client will be mailing said Revocation notice to: **16433 Midland Blvd #73, Nampa, ID 83687** or by faxing said Revocation notice to: **541.628.7427** or current fax number on file with RK Truck Dispatch.

4. STATEMENT OF WORK

- I. Find freight that best matches the profile of the client.
- J. Will contact Client with load matches and go over options.
- K. Will to it's best ability, verify the credit worthy ness of the broker or shipper.
- L. Upon Client's agreeing to take a load, RK Truck Dispatch will fax to broker/shipper the Client's authority, W-9, Proof of Insurance, and order insurance certificate if required, along with any other required documentation.
- M. Upon forwarding of the final load confirmation, and mailing/faxing the documentation to the Client, the services of RK Truck Dispatch have been fully preformed.

5. CONSIDERATION

The Client agrees to pay for services per the schedule on Attachment "A" of this agreement. Payment for our Basic Monthly Service Plan and our Monthly Paperwork Only Service Plan are to be paid in advance of each billing cycle. Cancellation of either of these plans must be made 14 days prior to the due date of the Client's next invoice due date. The Pay Per Load Plan is to be paid upon each load booked. Payment can be made to RK Truck Dispatch by check, money order, or by PayPal. Any other provisions must be approved in advanced. Please refer to Attachment "A" for additional information.

6. ADDITIONAL PROVISIONS

- N. Once a load has been set up for the Client, and all information given, it will be the responsibility of the Client to handle directly with the shipping party any problems, issues, delays, overages, shortages, or billing and collection issues.
- O. In NO event, will RK Truck Dispatch be liable for any incidental, consequential, or indirect damages for the loss of profits, or business interruptions arising out of the use of the service.
- P. Client agrees to hold harmless, before during and after the contract, all direct or indirect damages resulting from shortages, damages and billing and collection issues along with hours of service issues.



DISPATCH SERVICES AGREEMENT FORM

- R. RK Truck Dispatch will notify Client of best-matched loads for approval prior to making a haul commitment.
- S. RK Truck Dispatch will fax all necessary documentation to the broker/shipper, along with final approval once Client has approved the load with the designative representative.
- T. RK Truck Dispatch will notify Client if load required qualifications or additional insurance. RK Truck Dispatch will furnish to Client necessary information for qualification or insurance necessary.
- U. If RK Truck Dispatch books a load matching the Client's truck posting, the Client agrees to pay RK Truck Dispatch as agreed to on page 1 and Attachment "A" of this agreement for services rendered. NOTE: to avoid charges for unavailable equipment, it is imperative to notify RK Truck Dispatch immediately if the truck is loaded from another source. No charge will result if RK Truck Dispatch is notified the truck is no longer available for dispatch.

7. DISCLAIMER

RK Truck Dispatch, IS NOT RESPONSIBLE FOR:

- V. Billing issues.
- W. Load problems of any nature.
- X. Advances. (All advances will have to be handled directly between Client and broker/shipper).
- Y. Handling and storage of paperwork. (All load confirmations will be sent directly to client. All other paperwork will be stored and will be available upon request).
- Z. DOT compliance issues.
- AA. Spike Insurance

8. GOVERNING LAW

This Agreement shall be governed by and construed in accordance with the laws of the State of Idaho without giving effect to any choice of law or conflict of laws provisions or rule (where of the State of Idaho or any other jurisdiction) that would cause the application of the laws of any jurisdiction other than those of the State of Idaho.

9. JURISDICTION AND VENU

RK Truck Dispatch and Client hereby consent to and agree to submit to the jurisdiction of the federal and state courts located in Canyon County, Idaho in connection with any claims or controversies arising out of this Agreement.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as the date first above written.

Client

RK Truck Dispatch LLC

Printed Name: _____

Printed Name: _____

Signature: _____

Signature: _____

Title: _____



RK TRUCK DISPATCH, LLC AGREEMENT FORM

ATTACHMENT "A"

This attachment pertains to the selected level of service noted on page 1 Section 2 of this Agreement for _____, (Client), and will remain in effect until either, Client request to have a change in services, wishes to terminate this Service Agreement, or Client is cancelled by RK Truck Dispatch for cause.

BASIC MONTHLY SERVICE PLAN

This plain is detailed as a Flat Monthly Rate Plan, which is for unlimited uses of services for a 30 day period; The cost of this plan is a flat fee of \$425.00 per truck enrolled with RK Truck Dispatch. **Payment for this plan is to be made in advance of each month of service.** The initial month's service fee is due when this Agreement is put into effect. Payment for this plan must be completed thru our PayPal account. If you take the single payment option, payments can be made either via PayPal or check.

[] - Initial here is using this Service Plan

MONTHLY PAPERWORK ONLY SERVICE PLAN

This plain is detailed as a Flat Monthly Rate Plan, which is for unlimited uses of services for a 30 day period. The cost of this plan is a flat fee of \$300.00. With this plan there is no limit to the number of trucks enrolled in this plan. With this plan RK Truck Dispatch is ONLY responsible for verifying the credit worthiness and handle all necessary paperwork for the load. NO other services will be provided by RK Truck Dispatch.

Payment for this plan is to be made in advance of each month of service. The initial month's service fee is due when this Agreement is put into effect. Payment can be made according to Page 1 Section 5 of this Agreement. All future invoices will be sent to the Client approximately 15 days before they will be due.

[] - Initial here is using this Service Plan

PAY PER LOAD PLAN

This plan is detailed as a pay per each load booked plan, which unlike our other plans you are Payment for loads booked will be due and payable upon the load being booked unless other arrangements have been approved. Charge for this plan is: \$50.00 each load with booked with. Once payment is made an invoice will be sent to the Client showing paid in full.

[] - Initial here is using this Service Plan

OTHER PROVISIONS

Non-payment pertaining to any of our service plans as outlined. There is a built in grace period of 5 days after the invoice is due with not action taken. After the 10th day the account is subject to suspension. Note: On the Monthly plan if you have elected to pay on a weekly basis, your payment has no grace period. Account will be suspended if payment has not been received by the first Monday after the payment was due. If an account is suspended, in order to reinstate the account must be paid to and is subject to a reinstatement fee of \$50.00. Any returned checks will be charged a \$50.00 returned check fee, and future payments will need to be paid by cashier's check, money order our using PayPal. Client also understands that any fees required to collect any outstanding invoice balances will be charge back to the Client.

CARRIER: _____

BY: _____

DATE: _____



DISPATCH AUTHORIZATION FORM

BE IT KNOWN, that _____, with an MC or DOT number of _____, has given RK Truck Dispatch full authorization to handle all matters in securing freight for my company and handling all paperwork associated with this authorization.

This authorization will remain enforce until either, _____ or RK Truck Dispatch, LLC terminates this agreement.

Business Address: 16432 Midland Blvd #73
Nampa, ID 83687
Phone: 208.650.4562
Fax: 541.628.7427

Note: This Dispatch Services Authorization Form will only pertain to securing freight for this company.

Client/Carrier Authorization:

RK Truck Dispatch, LLC:

Authorized Signature

Authorized Signature

Printed Name

Printed Name

Company Title

Company Title

Date

Date

Phone Number

Phone Number



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 CODE: _____
 MAILING: _____
 CITY: _____ STATE: _____ ZIPCODE: _____
 MAIN CONTACT: _____ OFFICE PHONE: _____ FAX: _____
 EMERGENCY CONTACT: _____ PHONE: _____
 CELL PHONE: _____ EMAIL ADDRESS: _____
 MC NUMBER: _____ DOT NUMBER: _____ EIN/SSN: _____
 SCAC CODE: _____ TWIC CERTIFIED: _____ HAZMAT CERTIFIED: _____

PART 2: EQUIPMENT SECTION

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

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

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

Canada (List provinces): _____ Mexico: _____

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

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



PART 4: FACTORING INFORMATION SECTION

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

FACTORING COMPANY: _____ MAIN CONTACT: _____
PHONE: _____ FAX: _____ WEBSITE: _____
BILLING ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____

PART 5: INSURANCE INFORMATION SECTION

INSURANCE AGENCY: _____ CONTACT: _____
PHONE: _____ FAX: _____ EMAIL: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____

PLEASE USE THE FOLLOWING SECTION TO BETTER DESCRIBE YOUR COMPANY

Office Use Only: Updated on: ____/____/____ **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/Van/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/RGN/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>	
	<p>2 Business name/disregarded entity name, if different from above</p>	
	<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>	<p>Requester's name and address (optional)</p>
	<p>6 City, state, and ZIP code</p>	
	<p>7 List account number(s) here (optional)</p>	

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					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
or					
Employer identification number					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 90%; height: 20px;"></td> </tr> </table>		-			
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Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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

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.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.