



Dispatcher & Carrier Packet



Dear Valued Carrier,

Thank you for your interest in Top Tier Dispatch & Logistics Service. The following documents must be on file before Top Tier Dispatch & Logistics Service LLC can work as an agent for you:

- Signed Top Tier Dispatch & Logistics Service LLC Agreement (please make sure to sign and fill out completely)
- Completed Top Tier Dispatch & Logistics Service LLC Carrier Profile
- Completed W-9 form
- Worker's Compensation Insurance Copy
- Copy of MC Authority Document
- Safety Rating Documentation(if available)
- Certificate of Insurance

All documents must be clean and legible. We look forward to working with you! Top Tier Dispatch & Logistics Service LLC

Phone: 404-640-0255

Email: ttdispatchlogistics@gmail.com



Carrier Profile

SCAC CODE _____ MC# _____ US DOT# _____

FEDERAL ID# _____

Carrier Legal Name: _____ DBA: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Website: _____ Owner/President/Principal: _____

PERSON OR PERSONS AUTHORIZED TO APPROVE LOADS FOR THIS TRUCK AND/OR DRIVER: ONLY those listed below will be allowed to accept loads or dispatch from Top Tier Dispatch & Logistics Service LLC .

Name: _____ Phone: _____

Name: _____ Phone: _____

Email: _____ Fax: _____

Accounting Contact: _____ Phone: _____

Email: _____ Fax: _____

After hours number: _____ MC Number: _____

Insurance Agent Name: _____ Phone: _____

Domicile Location for units: _____

**For Multiple units see attached Multi Unit Sheet

of Tractors _____ # of Trailers _____

List # of Trailers by Type: V53 _____ V48 _____ FB _____ R53 _____

This information will be used to help us determine future opportunities that may exists based on the services your company provides. **If your account receivables department is different than your physical address, or if you are using a factoring company, please complete below

Receivable/ Factoring Company Name: _____

Receivable Address: _____

City: _____ State: _____ Zip: _____



MULTI UNIT DISPATCH SHEET

**PLEASE COMPLETE THE MULTI UNIT DISPATCH SHEET IF YOU ARE A CARRIER WITH MORE THAN 1 TRUCK.

Make as many copies as needed to include all units you wish to utilize Top Tier Dispatch & Logistics Service LLC

Truck # _____ Trailer Type _____ Trailer # _____

Driver's Name _____ Driver's Cell Phone _____

Authorized to Accept Loads or Dispatch from Top Tier Dispatch & Logistics Service LLC for this unit:

Truck # _____ Trailer Type _____ Trailer # _____

Driver's Name _____ Driver's Cell Phone _____

Authorized to Accept Loads or Dispatch from Top Tier Dispatch & Logistics Service LLC for this unit:

Truck # _____ Trailer Type _____ Trailer # _____

Driver's Name _____ Driver's Cell Phone _____

Authorized to Accept Loads or Dispatch from Top Tier Dispatch & Logistics Service LLC for this unit:

Truck # _____ Trailer Type _____ Trailer # _____

Driver's Name _____ Driver's Cell Phone _____

Authorized to Accept Loads or Dispatch from Top Tier Dispatch & Logistics Service LLC for this unit:

Truck # _____ Trailer Type _____ Trailer # _____

Driver's Name _____ Driver's Cell Phone _____

Authorized to Accept Loads or Dispatch from Top Tier Dispatch & Logistics Service LLC for this unit:



Dispatcher & Carrier Agreement

This AGREEMENT made as of this _____ day of _____, 2021 between TOP TIER DISPATCH & LOGISTICS SERVICE LLC, located at _____ (Address) _____ (City) _____ (St) _____ (Zipcode) [DISPATCH] and _____, an authorized motorcarrier, MC# _____ [CARRIER].

The agreement of Dispatcher & Carrier shall, at all times, be that of an independent contractor. DISPATCHER agrees to solicit, and offer freight transportation shipments for CARRIER from and to such locations between service may be required, subject to the availability of suitable equipment. DISPATCHER shall be the agent for CARRIER for searching for loads, booking them, dispatching, handle all paperwork directly with the broker and/or shipper, including advances, and any load problems.

CARRIER agrees to pay DISPATCHER at a rate of _____ per truck. Dispatch will send weekly invoices to carrier for all loads accepted from Top Tier Dispatch & Logistics Service LLC. Carrier agrees to remit payment to Dispatch upon receipt of invoices.

The term of this AGREEMENT shall be effective as of the date hereof, and shall continue thereafter for a term of one (1) year of such date, and automatically from year to year thereafter, subject to the right of either party hereto to cancel the AGREEMENT at any time upon not less than thirty (30) days written notice by certified mail of one party to another.

Carrier shall maintain at all times during the term of this Agreement, at its sole cost and expense, with reputable and financially responsible insurance carriers the following insurance coverages Commercial Auto Liability Insurance and all other coverages required.

IN WITNESS WHEREOF, this Agreement is executed by authorized representatives of the parties, effective as of the date set forth above.

Carrier Name: _____

Signature: _____

Date: _____/_____/_____

MC# _____

Dispatch Name: _____

Signature: _____

Date: _____/_____/_____



Top Tier Dispatch & Logistics Service LLC

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