



This Agreement is made this _____ between Iconic Logistics Services, LLC (COMPANY) and _____ (MC# _____) whose 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, loading or unloading CLIENT'S equipment.
9. Safety and Compliance. CLIENT is fully responsible and liable for safety and compliance of the operation. CLIENT shall hold COMPANY harmless from any liability resulting from safety and compliance violations.



CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US

All information will remain confidential.

Card holder name: _____

Billing Address: _____

Credit Card Type: Visa MasterCard Discover

Credit Card Number: _____

Expiration Date: _____

CVV Code (last 3 digits located on the back of the credit card): _____

Amount to Charge: as per valid agreement between Cardholder and Iconic Logistics Services, LLC. I authorize Iconic Logistics Services, LLC 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 – Please Print Name, Sign and Date Below:

Sign: _____

Print Name: _____

Date: _____



LIMITED POWER OF ATTORNEY

BE IT KNOWN, that _____ with MC# _____ and DOT # _____ has made and appointed, and by these presents does make and appoint _____ true and lawful attorney for _____ place and stead, for the following specific and limited purposes only:

To contract loads and to perform all acts and things necessary to contract loads giving and granting said attorney, 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 premises (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 hereof. This power of attorney is to remain in full force until revoked by me in writing and received in mail or email by _____ to the company mailing address or the company email address.

Company Name: _____

Company Owner Signature: _____

Printed Name: _____

Title: _____ Date _____

Witness Signature: _____

Printed Name: _____



CARRIER PROFILE

CARRIER: _____ TYPE OF AUTHORITY: CM CT BKR
ADDRESS: _____ MC NUMBER: _____ DOT _____
CITY/ST/ZIP: _____ FEDERAL ID NUMBER: _____
PHONE: _____ INTRASTATE AUTHORITY: YES NO
WATTS: _____ TYPE OF COMPANY: _____
LOCAL: _____ CORPORATION: _____
FAX: _____ PARTNERSHIP: _____

DISPATCH CONTACT (PHONE & EMAIL): _____

SOLE PROPRIETORSHIP _____

ACCOUNTING CONTACT (PHONE & EMAIL): _____

TRACTORS ___ VANS ___ REEFERS ___ FLATS ___ AIR RIDES ___ BONDED/PIER FGT ___
DO YOUR TRUCKS CARRY PALLETS? YES NO DO FLATS HAVE SIDES? YES NO

YOU NEED BACKHAULS FROM (specify states): _____

YOU NEED BACKHAULS TO (specify states): _____

ADDITIONAL COMMENTS: _____

