



ICD DISPATCH SERVICES

Instructions

Please completely fill out each of the following forms and send the requested documents. When complete, email to carrierservices@intercitydirect.com or fax to (913) 647-7560.

1. **Carrier Profile:** Please provide accurate information about you and your company. The more we know about you, the sooner we can get you on the road and grow your business.
2. **Multiple Truck and Driver Operation Form:** This will help us fulfill your needs more efficiently.
3. **Limited Power of Attorney:** This defines the nature of our business partnership.
4. **Dispatcher-Carrier Agreement:** When signed, this authorizes us to act on your behalf when booking loads, signing carrier agreements and load confirmations.

Please attach the following forms:

1. **Insurance Certificate naming InterCity Direct LLC dba ICD Carrier Services as certificate holder (use address below)**
2. **Motor Carrier Certificate of Authority**
3. **Letter of Assignment for Factoring Company (if you have one)**
4. **W-9 Form**

InterCity Direct LLC dba ICD Carrier Services
13202 W 98th St, Lenexa, KS 66215
Ph: (913) 754-0303 • Acct. Ph: (913) 928-6535
Fax: (913) 647-7560
Email: carrierservices@intercitydirect.com

This page does not need to be returned.



Carrier Profile

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Mailing Address (if different than above): _____

City: _____ State: _____ Zip: _____

Contact: _____ Cell Phone: _____

Alt. Contact: _____ Cell Phone: _____

DOT# _____ MC#: _____ EIN: _____

Fax: _____ SCAC: _____

Email: _____ Safety Rating: _____

of Trucks: _____ # of Trailers: V _____ R _____ SD _____ FB _____ HS _____ Other: _____

Additional Company & Equipment Info:

Operations & Administrative Info

Are you setup with regular brokers/shippers? YES NO **CHR#** _____ **List others:**

<u>Broker/Shipper</u>	<u>Contact</u>	<u>Email</u>	<u>Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____

Preferred Lanes/Areas: Midwest Texas/SW Northeast East Coast
 West Coast Southeast Others: _____

Emergency Contact Information

Name: _____ Relationship: _____ Phone #: _____

Factoring Company

If you use a **Factoring Service**, please provide their information below.

Factor Name: _____ Contact: _____

Phone _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Do you need assistance with invoicing? YES NO



Multiple Truck and Driver Operation Form

If you have **more than one truck** operating under your authority, list the info below. Send updates about drivers and equipment as soon as changes happen.

Driver Name	Cell #	Truck#	Trailer#	Trailer Type	Last 6 VIN
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Do drivers reserve the right to make load decisions? YES NO

Can drivers receive a copies of load confirmations? YES NO

References

Company Name: _____

Name: _____ Phone: _____

Company Name: _____

Name: _____ Phone: _____

Do you know other Carriers or Drivers that could use dispatch help?

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____



Limited Power of Attorney

On this _____ day of _____, 20____, this signed document states that _____ ("Carrier") allows **InterCity Direct LLC dba ICD Carrier Services** and its agents to act on Carrier's behalf with regard to signing for and procuring loads for my truck(s). This document goes into effect on the date listed above and will remain in effect until formally cancelled by me.

Carrier:

Signature

Printed Name

Title

InterCity Direct LLC dba ICD Carrier Services:



Signature

Jon Pennington

Printed Name

Carrier Services Manager

Title



Dispatcher-Carrier Agreement

This Dispatcher-Carrier Agreement, made on this _____ day of _____, 20____, between **InterCity Direct LLC dba ICD Dispatch Services** ("Dispatcher") and _____ ("Carrier") establishes a partnership of mutual advantage and benefit. ICD Dispatch Services promises to discover, negotiate, and book the most appropriate loads for small fleets and owner operators through direct shippers and brokers, when necessary. Additionally, we will assist with any problem regarding the transport of the load within our abilities. We agree to take care of paperwork, provide specified services, and, in doing so, make your trucking company more efficient and productive.

Please check the desired level of service provided by Intercity Direct LLC dba ICD Carrier Services:

- Broker Packets Only - \$65/week per truck**
- Standard Dispatch - 5% of rate confirmation**
 - o Broker packets
 - o Dispatch trucks and handle all paperwork including load confirmation, rate agreement, and insurance documents
- Premium Dispatch - 6% of rate confirmation**
 - o Broker packets
 - o Dispatch trucks and handle all paperwork including load confirmation, rate agreement, and insurance documents
 - o Invoicing

InterCity Direct LLC dba ICD Carrier Services

Company ("Dispatcher")

Signature

Jon Pennington
Printed Name

Carrier Services manager
Title

Company ("Carrier")

Signature

Printed Name

Title