



Phone: (352) 515-0194 Fax: (352) 701-0273
Email: customerservice@ameratransllc.com
Website: www.ameratransllc.com

WELCOME!

Thank you for your interest in Ameratrans Dispatch Service. Ameratrans LLC is an all-inclusive dispatch service with over 40 years of experience in the trucking industry. Our services are great for start-ups, established businesses and the 1-5 truck operators. Our goals are to get you the highest paying loads and help build your business!

In addition to dispatching, we offer other trucking services that may be of interest to you:

Billing at \$5 per invoice

Broker Contracts – no dispatch...you find you own loads and we do the set up for you for \$35

Factoring – we can work with your factoring company or help you set up with one

IFTA/KYU Reports

Authority Setup

Company Formation

DOT Compliance

Drivers For Hire

Fuel Cards

Guidance with Insurance Quotes

Guidance with Roadside Breakdowns

Please let us know if you are interested in any of these other services! Thank you and we look forward to working with you.

Company Name: _____

AMERATRANS DISPATCH SERVICE SIGN-UP CHECKLIST

In order to assist you in signing up for Ameratrans Dispatch Service, please ensure that you have sent the following paperwork and information. All forms can be found on the Dispatch Service page of our website: www.ameratransllc.com and may be returned via fax (352-701-0273) or email (hr@ameratransllc.com).

- _____ Completed Carrier Profile Sheet
- _____ Completed Dispatch Agreement (NOT a contract)
- _____ Completed Limited Power of Attorney Form
- _____ Completed Credit Card Authorization Form
- _____ Completed Equipment/Area/Rate Form
- _____ Copy of Authority
- _____ Copy of Insurance Certificate listing Ameratrans LLC as a certificate holder:

Ameratrans LLC
12058 Buckingham Way
Spring Hill, FL 34609

\$100,000 cargo/\$1,000,000 liability. Power only carriers must also have at least \$50,000 non-owned trailer or interchange insurance.

- _____ Copy of your W-9
- _____ Copy of your Notice of Assignment if you factor
- _____ Copy of Driver's License
- _____ Copy of Cab Card
- _____ Copy of Trailer Registration (if applicable)

CARRIER PROFILE SHEET

1. Company Name:

2. Mailing Address:

3. Physical Address:

4. Phone #:

5. Fax #:

6. Email:

7. Broker References:

i. Name:

Contact:

Phone #:

ii. Name:

Contact:

Phone #:

iii. Name:

Contact:

Phone #:

8. Name of Factoring Co. _____

Address: _____

Phone: _____ Fax: _____

If you want us to check credit with your factoring co., and/or do your billing:

Name of contact: _____ Email of contact: _____

9. How did you hear about us? Web Search

Ameratrans Flyer/Email

Factoring Co _____

Other _____



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DISPATCHER-CARRIER AGREEMENT

This Dispatcher-Carrier Agreement (hereinafter "Agreement") is made and entered into this _____ day of _____, 20____, by and between AMERATRANS DISPATCH SERVICE, a division of AMERATRANS, LLC, a Florida limited liability company ("Dispatcher") and _____, a Registered Motor Carrier with its principal office at _____, ("Carrier"); collectively referred to as the "Parties".

The DISPATCHER is an independent transportation dispatcher conducting Load Tendering Transitions between Shippers and/or Brokers, and Carriers who are authorized by the FMCSA to operate as a Registered Property Carrier Pursuant to licenses issued.

CARRIER, an independent motor carrier, is licensed by the FMCSA to operate as a for-hire motor carrier pursuant to authority issued in Number MC-_____.

The transportation service provided by CARRIER for Shippers/Brokers is contract carriage between the CARRIER and Freight Shippers/Brokers and not between DISPATCHER. DISPATCHER is not a broker nor acting as a broker to the CARRIER.

Both DISPATCHER and CARRIER enter into this Agreement for the purpose of providing and receiving specified professional dispatch services under specified rates and conditions. DISPATCHER and CARRIER deem it essential to their respective interest to establish and maintain an Independent Contractor relationship in the execution and performance of this agreement;

DISPATCHER is NOT responsible for the following: load problems, Hours of Service issues; equipment issues, billing issues, advances, handling and storage of paperwork (all documents may be sent to CARRIER, at CARRIER's expense), DOT compliance issues;

NOW THEREFORE, for and in consideration of the mutual covenants and undertakings herein, and subject to the terms and conditions hereinafter set forth, the Parties hereto warrant, covenant and agree as follows:

CARRIER desires to retain DISPATCHER by executing a Limited Power of Attorney to find, negotiate, and procure freight and to dispatch CARRIER's equipment at the following rates:

Loads:		Other services available:	
Loads up to \$500	\$25	Paperwork Only Service	\$35 per contract
Loads \$501 to \$1000	\$50	Billing Service	\$5 per invoice
Loads \$1001 +	5% of the gross	Fuel Advances	\$5 per submission

*Plus payment processing fees. Additional services available upon request

All DISPATCHER fees must be paid via the credit card on file when the load is accepted and picked up by the CARRIER. IF the CARRIER falls off a load after accepting it, the CARRIER will be responsible for a \$25 fee plus processing fees. Repeatedly falling off loads will result in the DISPATCHER requiring a deposit to continue dispatch.

CARRIER must, prior to the implementation, of this agreement furnish to DISPATCHER all requested documentation and forms, completed, signed and dated, in the Dispatch Sign Up Packet.

AMERATRANS DISPATCH SERVICE
Company (DISPATCHER)

Authorized Signature
KEITH HOWELL, MANAGING MEMBER
Printed Name/Title

Date

Company (CARRIER)

Authorized Signature

Printed Name/Title

Date



Phone: (352) 701-0070 Fax: (352) 701-0273
Email: hr@ameratransllc.com
Website: www.ameratransllc.com

LIMITED POWER OF ATTORNEY

This Limited Power of Attorney is made and entered into this _____ day of _____, 20____, by and between AMERATRANS DISPATCH SERVICE, a division of AMERATRANS, LLC, a Florida limited liability company ("Dispatcher") and _____, a Registered Motor Carrier with its principal office at _____, ("Carrier"); collectively referred to as the "Parties".

The CARRIER hereby appoints and authorizes AMERATRANS DISPATCH SERVICE, to act and speak on its behalf as pertaining to: **Professional Dispatch Services**. AMERATRANS DISPATCH SERVICE shall have the power to:

- Contact shippers and brokers, negotiate rates, and procure agreed upon freight for carrier.
- Sign and execute broker contracts and rate confirmations for freight.
- Transfer paperwork as it pertains to each load (broker contracts, rate confirmations, BOLs, PODs, lumper receipts and any other relevant documents) to move cargo for shippers and/or brokers.
- Transfer company credentials (carrier profile, MC Certificate, W-9, certificate of insurance, and any other relevant documents) to move cargo for shippers and/or brokers.
- Submit load documents for payment (invoices, rate confirmations, BOLs, PODs, lumper receipts, and any other load documents) to shippers, brokers, and/or carrier's current factoring company), if requested.
- Submit fuel advances, follow up on accounts receivable, make collection calls/emails, assist with claim resolutions, if requested.
- Request trip and oversize, overweight, and over-dimensional permits, if requested.
- Processing FMSCA documents (IFTA taxes, Form 2290, UCR, MCS-150, IRP, BOC3, compliance, safety audits etc.), if requested.

IN WITNESS WHEREOF, the parties hereto have executed this AGREEMENT on the date below and it shall remain in effect until terminated by either party.

AMERATRANS DISPATCH SERVICE

Company (DISPATCHER)

Authorized Signature

KEITH HOWELL, MANAGING MEMBER

Printed Name/Title

Date

Company (CARRIER)

Authorized Signature

Printed Name/Title

Date



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Credit Card Authorization Form

PLEASE COMPLETE THIS AUTHORIZATION FORM AND RETURN TO AMERATRANS, LLC.
 All information will remain confidential.

Cardholder Name (as it appears on card): _____

Billing Address of card: _____

Credit Card Type: _____ Visa _____ MasterCard

Credit Card Number: _____

Expiration Date: ____/____/____

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

I, _____ (company or cardholder name) authorize **AMERATRANS, LLC** to charge my credit card provided herein for the following services plus any payment processing fees: (Initial boxes that apply)

Dispatch Service: \$25 for loads under \$500 \$50 for loads \$501-\$1000 5% of gross for loads \$1001+	Initial	Paperwork Only Service: \$35 per broker contract	Initial
		Billing Service: \$5 per invoice submission	Initial
		Fuel Advance Request: \$5 per submission	Initial

I agree that I will pay for these services plus any payment processing fees in accordance with the issuing bank cardholder agreement.

If a load is accepted and picked up by me, I understand that I am responsible for paying **AMERATRANS, LLC** as set out above. If I fall off a load after I have accepted it, I am responsible for paying a \$25 fee plus processing fees.

Cardholder Signature: _____

Cardholder Name: _____ (Print) Date: ____/____/____

Once completed and signed, return this form via one of the following methods:

FAX : 352-701-0273 OR **EMAIL:** hr@ameratransllc.com

Equipment Information

Type of Equipment:

Tractor: Year: _____ Make: _____ Trk #: _____

Trailer: Year: _____ Make: _____ None: _____ Trl #: _____

Trailer Type: (circle applicable information)

Van: Length: 48' or 53' Width: 96" or 102" Door: Swing Door or Roll Door

Plate Trailer (all aluminum inside/outside ex. floor) or Regular Freight Trailer (plywood inside)

If Regular Freight Trailer: Metal Roof or Fiberglass Roof

Reefer: Length: 48' or 53' Width: 96" or 102" Door: Swing Door or Roll Door

Flatbed: Length: 48' or 53' Width: 96" or 102"

Double-Drop: Length _____ Bottom Well Length _____ Top Deck Length _____ Weight Capacity _____

Step-Deck: Length _____ Bottom Well Length _____ Top Deck Length _____ Weight Capacity _____

RGN: Length _____ Bottom Well Length _____ Weight Capacity _____

Hotshot: Length _____ Weight Capacity _____

Other Equipment: Chains Binders Tarps: Size _____ Straps # _____ Load Bars # _____

Ramps Pallet Jack Dunnage Coil Racks Edge Protectors Pipe Stakes eTrac Other: _____

Services Offered (Circle all that apply)

C-TPAT Smartway FAST TWIC CARB Hazmat SCAC code: _____

RFID Tag Drayage Air Ride Vented GPS Tracking ELD Provider _____

Tanker Endorsement Other: _____

Area/Rate Information

Area Based Out Of: _____

Preferred Areas to Run: _____

Current Location of Truck (for 1st Dispatch): _____

Average # of Days You Want the Truck Out: _____

Realistic Rate Per Mile Expected: _____

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.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	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.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<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	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ 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.	Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

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											
				-			-				
or											
Employer identification number											
				-							

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.