

## Ceeus Logistics LLC

Dispatch Coordinator: Carmen Stewart

Email: cstewart@ceeuslogistics.com

Phone: (248) 487-9748



# Welcome to Ceeus Logistics

We're so glad to join the team! Please complete the information below. This is meant to provide team specific information to help us get off to a great and productive start.

### DISPATCH SERVICE AGREEMENT

I \_\_\_\_\_, The Owner of &/or The Driver of Truck# \_\_\_\_\_ of (the carrier) a licensed Motor Carrier, MC#, \_\_\_\_\_ and/or DOT#, \_\_\_\_\_; hereby grants authorization to Ceeus Logistics, LLC. to act as my agent for the sole purpose of searching for and booking shipments, processing all brokerage paperwork and obtaining Certificates of Insurance as required in order to expedite shipments and dispatch via telephone, fax or e-mail for my truck, Unit# \_\_\_\_\_, License Plate#, \_\_\_\_\_, in the state of, \_\_\_\_\_.

All billing, invoicing and collections of revenue from customers, brokers, shippers, consignees, etc- are the sole responsibility of the carrier. If revenue for a shipment or shipments are uncollectible, Ceeus Logistics, LLC will be held harmless and no penalty or deduction of fees will be made. The carrier agrees to maintain all proper licenses and permits to conduct business as a motor carrier in the area of intended operation.

Additionally, the carrier agrees to maintain liability and cargo insurance at the amounts set forth by the home state of the carrier. Ceeus Logistics, LLC will be held harmless in the event of any and all claims. The carrier agrees to maintain an account with (an internet load board service), in the name of the carrier, with Ceeus Logistics, LLC as the point of contact for dispatching purposes. The fee for dispatch services will be **10 %** of the gross revenue of each shipment with no minimum charge. As loads are picked up, an amount equal to the above stated percentage will be payable to: Ceeus Logistics, LLC. Payments are to be conveniently paid with any Debit or Credit Card via Zelle or Email Invoice App.



Please provide your SMS Cell Phone Text Number Here:

(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_ & Your Email Here:\_\_\_\_\_

Either party has the right to end this agreement without cause at any time with seven (7) days' notice by written request. Upon cancellation, any remaining balances owed will be charged to the carrier within two (2) business days without penalty. By signing below, I fully understand the terms of this agreement.

Company:\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print name: \_\_\_\_\_

**Consent \* I authorize Ceeus Logistics, LLC to complete all broker Carrier Packets and Rate Confirmations on my behalf. I consent to having the Carrier Packets and Rate Confirmations completed by Ceeus Logistics, LLC on my behalf. OTHER DOCUMENTS NEEDED Please email copies of your CDL, W9, MC Authority letter and Certificate of Insurance to [cstewart@ceeuslogistics.com](mailto:cstewart@ceeuslogistics.com) Thank you.**

Dispatcher: Ceeus Logistics, LLC\_\_\_\_\_

Click the link to retrieve your W9 PDF Document: [W-9 FORM](#)



**LIMITED POWER OF ATTORNEY FORM**

I \_\_\_\_\_ with an MC or DOT number of \_\_\_\_\_ has made and appointed, Ceeus Logistics LLC, true and lawful attorney for, place and stead, for the limited and specific purpose of contracting loads of freight to be hauled by, giving and granting said Ceeus Logistics LLC, 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 terms (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 thereof. This power of attorney is to remain in full force and effect until revoked by me in writing. Such revocation is to be emailed to: Ceeus Logistics LLC [cstewart@ceeuslogistics.com](mailto:cstewart@ceeuslogistics.com) CARRIER/TRUCKING COMPANY NAME: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

WITNESS (Witness for Carrier ) Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_



**CARRIER PROFILE**

Instructions: Please complete this form to assist us in dispatching for you. This form can be updated at any time by simply contacting your Dispatch Specialist. This information is for Office-use only and will not be released to any third party without your permission.

**PART 1: CARRIER INFORMATION SECTION**

COMPANY: \_\_\_\_\_ DBA (If Any): \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

REMITTANCE ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MAIN CONTACT E-MAIL: \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

EMERGENCY PHONE: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

COI CONTACT: \_\_\_\_\_

COI CONTACT PHONE/EMAIL: \_\_\_\_\_

R.M.I.S. CARRIER ID # SCAC CODE: \_\_\_\_\_

DRIVER NAME \_\_\_\_\_ DRIVER PHONE \_\_\_\_\_

TRUCK # \_\_\_\_\_ TRAILER # \_\_\_\_\_

DRIVER NAME \_\_\_\_\_ DRIVER PHONE \_\_\_\_\_

TRUCK # \_\_\_\_\_ TRAILER # \_\_\_\_\_



## PART 2: EQUIPMENT TYPES & ACCESSORIES

**Number and Type of Trucks:** 53' VAN\_\_\_\_\_ 53' REEFERS:\_\_\_\_\_ 48'/53' FLATBED:\_\_\_\_\_

OTHER TYPES:\_\_\_\_\_

**PLEASE LIST THE BROKERS THAT YOU ARE ALREADY SET UP/APPROVED WITH BELOW:**

---

---

---

## DISPATCH SPECIFICATIONS:

Please give us your minimum cents per mile information. We understand that many factors will change this information, but this will give us a starting point.

**CENTS (\$) PER MILE:**\_\_\_\_\_ **MAX PICKS/PICK UPS:**\_\_\_\_\_

**MAX DELIVERIES:**\_\_\_\_\_ **DRIVER TOUCH (Y/N):**\_\_\_\_\_

**Mountains? (Y/N)**\_\_\_\_\_

**Weight Limit Areas of the USA that you like to travel (ZONES)-Please circle all that apply**

Northeast (NY, NJ, CT, RI, MA, ME, etc.)

Midwest (MI, OH, KY, IN, IL, WI, etc.)

Southeast (FL, GA, LA, AL, etc.)

Southwest (TX, NM, etc.)

West (CA, AZ, OR, NV, ID, etc.)

**COMMENTS:** **Max Picks** denotes maximum pickups from Shippers. **Max Drops** denotes maximum deliveries to Receivers.



Dispatcher: Carmen Stewart  
Phone: 248-487-9748  
cstewart@ceeuslogistics.com

## CREDIT CARD PAYMENT AUTHORIZATION FORM

I, hereinafter called CARRIER do hereby authorize Ceeus Logistics LLC, hereinafter called DISPATCH, to initiate a debit entry for the amount due on each invoice for services rendered per signed agreement, to the credit card account indicated below, in consideration of the dispatching service provided to me. I understand that my signature on this authorization form, along with a photocopy of the front and the back of my drivers license, will allow me the convenience of not having to produce these items for impression at the time of service.

Name on the Card: \_\_\_\_\_

Please Circle One: VISA MC DISC AMEX

Credit Card Number: \_\_\_\_\_

Expiration Date: / CVN: ZIP: \_\_\_\_\_

Authorized Payment Amount: \_\_\_\_\_

Loads Starting on / / 20

This authorization is to remain in full force and effect until the ending date listed above. I understand that I will be notified via email when dispatch debits my account each week. I understand that if the load is tendered and accepted by me, but if for any reason, due to the carrier, the load gets rescheduled or cancelled, I understand I am still responsible for paying dispatch as set out above unless agreement is made with Ceeus Logistics, LLC. Any revocation shall not be effective until dispatch is notified by carrier in writing to cancel this automatic payment authorization, in such time and in such a manner as to afford dispatch a reasonable opportunity to act on it.

Card Holders' Signature Authorization \_\_\_\_\_ Date \_\_\_\_\_

Card Holders' E-Mail \_\_\_\_\_