



Welcome to Living the Dream Logistics LLC

[Today's Date]

Dear Carrier,

Welcome to Living the Dream Logistics LLC. We're excited to partner with you and provide dependable, professional dispatching services focused on keeping you profitable, supportive and working as a team.

Your onboarding packet includes the following:

- **Dispatcher-Carrier Agreement**
- **Carrier Profile Form**
- **W9 Form**

Please complete and return all documents before the start of the booking process.

Contact:

Email: livingthedreamlogisticsllc@gmail.com

Phone: 757-741-5530

We look forward to a successful partnership.

Sincerely,

Trina/James Hill

LIVING THE DREAM LOGISTICS LLC

DISPATCHER/CARRIER AGREEMENT

Carrier Name: _____ Agreement Date: _____

Address: _____

Contact Name: _____ Phone: _____

Email Address: _____

Motor Carrier (MC) Number _____, and Department of Transportation (DOT) Number,

1. DISPATCHER RESPONSIBILITIES

- Locate, coordinate, and book loads for the carrier.
- Communicate with brokers/shippers
- Process broker paperwork and provide 24/7 support.
- Keep open communication with carrier via phone, email, or text
- Manage rate confirmations and billing paperwork.
- Not legally or financially responsible for agreements between CARRIER and broker/shipper. If any revenue for a shipment is **uncollected**, **Living The Dream Logistics, LLC.** will be held harmless with no penalty/fees and will still be obligated for services rendered.

3. CARRIER RESPONSIBILITIES

- Grants authorized permission for **DISPATCHER** to sign rate confirmations and required paperwork.
- Comply with DOT/state/federal regulations.
- Responsible for cargo, delays, damages, and claims while freight is in possession.
- Hold DISPATCHER and SHIPPER harmless for injuries or property damage.
- Handle the billing and collections of revenue unless you have agreed to this service.

4. PAYMENT

The Service Fee for Living the Dream Logistics LLC.. will be 10% rate of the gross rate for each load when secured. This fee is for dispatch services contracting dedicated lanes for the carrier. When the Carrier/Trucking Company is paid first, an equal amount of above rate will be payable to LIVING THE DREAM LOGISTICS LLC. You can choose to pay above rate after each load or payment of invoices are **due on Friday** payable through Cash App, Chime or Venmo. Let us know which works for you.

Parties have the right to end this exclusive agreement without cause at any time with five days notice by written or emailed request.

I fully understand this agreement.

Carrier Print: _____ **Carrier Signature:** _____

Phone Number: (____) _____ - _____ **Carrier Email:** _____

Dispatcher/ Dispatching Company: **LIVING THE DREAM LOGISTICS LLC**

Signature _____ **Trina B/James H**

NOTE: Upon submitting the Carrier Packet, please provide attached copies of your MC Authority Letter, Certificate of Insurance, and W9. If you are partnered with a factoring company, kindly include their credit application so they may perform broker credit reviews and deliver a Notice of Assignment upon favorable approval. Thank you.

CARRIER PROFILE FORM

LIVING THE DREAM LOGISTICS LLC

Equipment Information

Box Truck_____ Dry Van_____ Flatbed_____ Power Only_____ Reefer _____ Other_____

Trailers (#/Type/Length): _____ Number of Trucks: _____

Year/Make/Model: _____ Weight Capacity: _____

Height: _____ Preferred Lanes/Region/State: _____

Fuel Type: _____ Last Tune-Up: _____

Max. Miles/Days/Weeks: _____ Desired Rate per Mile: _____

Company Information

Owner Operators (#): _____ Company Drivers (#): _____

Team Trucks (#): _____

Do you have access to loadboards: _____

Do you want me to book all loads for you?: _____

Do you have factoring?_____ If not, what's your preferred method of payment for the 10% to the dispatcher (Circle One) Cash App Venmo Chime

Notes/Preferences

*****The Next page is a blank W9 form. If you have one filled out already for the year, you can send me a copy. If not please fill out the blank and return with the carrier packet.*****

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
<div></div>	<div></div>
or	
Employer identification number	
<div></div>	<div></div>

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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
	<div></div>	<div></div>

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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they