



Amazon Lyfestyle Logistics and Dispatching LLC.  
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## **AMAZON LYFESTYLE LOGISTICS DISPATCHING NEW CARRIER PACKET**

Welcome to the Amazon Lyfestyle Logistics and Dispatch Team!! Within this packet you will find some forms that need to be completed. We ask that you read and fill them out as completely as possible. If you have any questions, do not hesitate to call us at 601-966-8691.

To get enrolled in our program, please complete, sign and return the following items by email to: [amazonlyfestyle@yahoo.com](mailto:amazonlyfestyle@yahoo.com).

o Carrier Profile: Our first goal is to get you on the road, running how you like to run, and at a much lower cost than the big corporations. This information helps us when contracting brokers so that we know your equipment and your capabilities.

o Contract: This document, when signed by you, allows us to act as your agent when booking loads. It simply allows us to sign carrier agreements with the brokers and lets us sign for your load confirmations as well.

o Credit Card Authorization Form: This allows us a worry-free way to bill you for the services that we are providing for you. You will receive a receipt confirmation in your e-mail.

o Multiple Driver/Truck Form: So that we may better serve you and your needs, please fill out completely and accurately.

o References: This gives us and the brokers that you will be hauling for some knowledge of your experience. If you have a reference sheet already made up with your company logo, please forward it along with this packet.

o W-9: This form is for tax purposes. Every broker that you haul for will want this document.

o Limited Power of Attorney: Occasionally, a broker may require this signed document for us to book a load on your behalf.



**Also, please send us the following documentation if you have it:**

o Insurance Certificate: Most brokers will require a signed document naming them as the certificate holder. This will speed up the process of signing you up with a broker, and, in turn, getting you down the road faster.

o Proof of Authority: Motor Carrier (MC) authority document

o Letter of Assignment from your factoring company: Brokers will need this letter, so they know where to mail the check.

**Please email ([amazonlyfestyle@yahoo.com](mailto:amazonlyfestyle@yahoo.com))**

**Carrier Profile**

Please complete the entire profile

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

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

DOT# \_\_\_\_\_ MC# \_\_\_\_\_ FIN \_\_\_\_\_

CHR# \_\_\_\_\_ Phone \_\_\_\_\_

FAX: \_\_\_\_\_ Cell \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

Safety Rating \_\_\_\_\_

**Equipment Summary**

Number of Trucks: \_\_\_\_\_ Type V R F (circle)

Do you Factor: YES or NO Factoring Company (Main Contact):

\_\_\_\_\_ (please attach factoring Remittance Address Sheet)

Do you quick pay: YES or NO

Do you take fuel advances: YES or NO

Do drivers take advances: YES or NO

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## Contract

In the interest of superior service, this contract will include the expectations and responsibilities of \_\_\_\_\_ (herein referred to as carrier).

Amazon Lyfestyle Logistics Dispatch LLC (herein referred to as dispatch), will provide the service of finding and setting up loads through brokers for owner operators and small fleets. Load confirmations will be sent immediately after being booked via email to the carrier.

When booking loads, dispatch will always credit check the load via your factoring company to make sure the broker has the necessary credit to pay for services rendered. If you would like to be quick paid and/or receive fuel advances, please inform us and dispatch will book the loads through the broker to the carrier's standards and needs.

As a carrier, you must keep a 75 or less score on your DOT safety rating; you must keep all trucks and trailers in great working condition; you must keep current on physicals and drug testing; you must be available to work and accept loads 7 days a week; you must pickup/deliver all loads ON TIME (unless discussed with dispatch first); you must check call to dispatch twice daily for updates between the hours of 8am to 4pm EST.

The payment process will work in this agreement as follows, after the first load is booked and loaded, we will bill for \$250, which will cover dispatching services for one truck for 7 days. We will bill for dispatching services once weekly, and we will be billing for one week in advance.

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

**\*\*DISPATCHER requires at least \$1,000,000 liability insurance and at least \$100,000 cargo coverage.**

**\*\*Power only carriers must also have \$40,000 non-owned trailer or interchange insurance.**



**PERCENTAGE RATE AGREEMENT** (Please check plan preferred for pay per load).

10% Pay Per Load SEMI- Power Only

10% Pay Per Load SEMI- Dry Van, Reefer, Flat Bed, or Step deck

10% Box Truck, Straight Truck

10% Hotshot 24 foot – 40 foot

15% PART-TIME- part time trucks are charged more if you choose not to use us on every load. It takes time away from the dispatcher finding loads for full-time trucks.

20% Box Truck using our Authority

**EFFECTIVE DATE**

This AGREEMENT shall be deemed to be effective on the first date that CARRIER and DISPATCHER, commence business together, and the parties hereby agree that the provisions herein properly express and memorialize the complete understanding as contained in any prior agreement either written or verbal.

Agreement shall be in effect upon the date signed by both parties to this Agreement and shall be in effect until the revocation of the Limited Power of Attorney or until notice is given by DISPATCHER. Carrier must send notification by emailing said Revocation Notice to: Amazon Lyfestyle Logistics Dispatching at [amazonlyfestyle@yahoo.com](mailto:amazonlyfestyle@yahoo.com)

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Print Name

Signature

Date



## Credit Card Authorization Form

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

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

Card Holder Billing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

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

CVC Number: \_\_\_\_\_ (3-digit code on back of card)

Please select one of the following payment options:

Once. Bill my credit card once for the following amount: \_\_\_\_\_

Weekly: Bill my credit card once per week ON THE SAME DAY for service provided for all contracts with Amazon Lyfestyle Logistics and Dispatching LLC.

1st day of charge \_\_\_\_\_

I agree that all information provided is accurate and complete. I, also, acknowledge that all orders may be immediately terminated at Amazon Lyfestyle Logistics and Dispatching LLC's discretion. If charges are declined or chargebacks are claimed against any outstanding invoiced amount, Amazon Lyfestyle Logistics and Dispatching LLC has the right to suspend my account until further notice until an agreement has been made. Disputes to amounts invoiced should be immediately reported to amazonlyfestyle@yahoo.com. Change in status of this card should also be reported to amazonlyfestyle@yahoo.com.



I wish to authorize the purchase of services from Amazon Lyfestyle Logistics and Dispatching LLC using this Credit Card Authorization Form. I agree that I will pay for this purchase and indemnify the hold of Amazon Lyfestyle Logistics and Dispatching LLC and Amazon Lyfestyle Logistics and Dispatching LLC harmless against any liability pursuant to this authorization. I understand that my signature on this form will serve as an authorized signature on the credit card charge slip. This authorization is to remain in full force and effect until cancelled by the company or written notification from Amazon Lyfestyle Logistics and Dispatching LLC , given in such time and manner as to allow the company a reasonable opportunity to act on it.

The undersigned is the duly authorized representative of the company listed above.

Carrier:

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Print Name

Signature

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Date



## Multiple Truck Operation Form

Please complete this form if you are a small trucking company with more than one truck working under your authority.

Driver Name	Cell Phone #	Truck #	Trailer #	Equip. Type	Max Weight

1. Does the driver have the right to make load decisions for you?

( ) YES ( ) NO

2. Can the driver receive a copy of the load confirmation?

( ) YES ( ) NO

3. Do we need to do the initial dispatching of the driver, or will you?

( ) Amazon Lifestyle Dispatch LLC ( ) Carrier

Please keep a copy of this form and fax updates to us when they occur, so that we have the most current information on hand.



## REFERENCES

Carrier Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

MC# \_\_\_\_\_ DOT# \_\_\_\_\_ FIN: \_\_\_\_\_

1) Company Name \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

2) Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

2) Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

4) Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

5) Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_





## Limited Power of Attorney

This form signed this day \_\_\_\_\_ allows and Amazon Lifestyle Logistics Dispatch LLC agents to sign all documents pertaining to and obtaining loads for my truck. This form is to remain in effect for these purposes ONLY until rescinded in writing by me.

### **Agreed upon by both parties:**

\_\_\_\_\_ (signed, owner of the company)

\_\_\_\_\_ (printed, owner of the company)

\_\_\_\_\_ (signed, owner of Amazon Lifestyle Logistics Dispatch LLC)

\_\_\_\_\_ (printed, owner of Amazon Lifestyle Logistics Dispatch LLC)

\_\_\_\_\_ (tax ID# of Amazon Lifestyle Logistics Dispatch LLC)