

LIMITED POWER OF ATTORNEY

This Limited Power of Attorney (the agreement) is made effective on (date) between: **HARRIS TRANSPORTATION PARTNERSHIP LLC**, hereinafter called Dispatch a company established under the laws of the State of ALABAMA,

and _____ hereinafter called Carrier, motor carrier company
(Company Name)

with **MC#** _____ .

Carrier hereby appoints Dispatch as my Attorney-in-Fact (AGENT). Dispatch agents shall have full power and authority to act on my behalf. This power and authority shall authorize Dispatch to manage and conduct affairs and to exercise all of my legal rights and powers, including all rights and powers that I may acquire in the future. Dispatch powers shall include, but not be limited to, the power to:

- Professional dispatch services, including contact drivers, shippers and brokers on my behalf for cargo. Transfer of Paperwork (Carrier Packet, Rate Confirmations, Insurance Certificates, Invoices and all necessary Paperwork) to shippers. Sign and execute rate confirmations for freight, and collect all payment dues on my behalf.

This Power of Attorney shall be construed broadly as a General Power of Attorney. The listing of specific powers is not intended to limit or restrict the general powers granted in this Power of Attorney in any manner. Dispatch shall not be liable for any loss that results from a judgment error that was made in good faith. However, Dispatch shall be liable for willful misconduct or the failure to act in good faith, while acting under the authority of this Power of Attorney. I authorize Dispatch to indemnify and hold harmless any third party who accepts and acts under this document. This Power of Attorney shall become effective immediately and shall remain in full force and effect until revoked by me in writing. Such revocation is to

be sent via email 10 days in advance to Dispatch to **harristransportpartners@gmail.com**
IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the date below.

HARRIS TRANSPORTATION PARTNERSHIP LLC

Signature _____

Date _____

CARRIER

MC# _____

Name _____

Company: _____

Title _____

Address _____

City _____

State _____

Zip _____

Signature _____

Date _____