

Carrier Packet

Building Today. Owning Tomorrow.

Thank you for your interest in partnering with M&O Solutions as a carrier. This packet contains everything you need to get set up and start hauling loads with us.

M&O Solutions is a licensed freight brokerage headquartered in Orlando, Florida. We connect shippers across America with reliable, vetted carriers like you. Our mission is to build lasting partnerships built on trust, transparency, and mutual success.

Why Partner With M&O Solutions?

- Consistent, quality loads across all 48 contiguous states
- Competitive rates with transparent, honest pricing
- Quick-pay program available for faster payments
- Dedicated dispatch support available 24/7
- No hidden fees or surprise deductions
- Simple, fast onboarding process

Requirements to Get Started

- Active MC (Motor Carrier) Authority
- Active DOT Number
- Valid Cargo Insurance (minimum \$100,000)
- Valid Auto/Liability Insurance (minimum \$1,000,000)
- Clean safety record (CSA scores reviewed)
- Signed Carrier-Broker Agreement (included in this packet)
- Completed W-9 Form

CARRIER-BROKER TRANSPORTATION AGREEMENT

This Carrier-Broker Transportation Agreement ("Agreement") is entered into by and between M&O Solutions, LLC ("Broker"), located at 604 Courtland St, Suite 201, Orlando, FL 32804, and the undersigned motor carrier ("Carrier").

1. PURPOSE

Broker desires to engage Carrier to provide transportation services for the movement of freight. Carrier agrees to transport freight tendered by Broker in accordance with the terms and conditions set forth herein.

2. CARRIER REPRESENTATIONS & WARRANTIES

Carrier represents and warrants that it: (a) is a duly licensed motor carrier authorized by the FMCSA; (b) has and will maintain active MC and DOT authority; (c) maintains all required insurance coverage; (d) complies with all applicable federal, state, and local laws and regulations.

3. INSURANCE REQUIREMENTS

Carrier shall maintain at all times during the term of this Agreement: (a) Commercial Auto Liability: \$1,000,000 minimum; (b) Cargo Insurance: \$100,000 minimum; (c) Workers Compensation: as required by applicable law. Carrier shall provide certificates of insurance naming M&O Solutions, LLC as certificate holder.

4. COMPENSATION & PAYMENT

Broker shall pay Carrier the rate agreed upon for each load as confirmed in writing (rate confirmation). Standard payment terms are Net 30 from receipt of signed Bill of Lading (BOL) and invoice. Quick-pay options may be available upon request.

5. LOAD ACCEPTANCE & PERFORMANCE

Carrier agrees to: (a) pick up and deliver freight on schedule; (b) provide required equipment in safe, clean condition; (c) notify Broker immediately of any delays, damages, or issues; (d) maintain real-time tracking capability; (e) not double-broker, co-broker, or assign loads without written consent.

6. LIABILITY & CLAIMS

Carrier shall be liable for loss or damage to freight from the time of pickup to delivery. Carrier shall process and pay all valid cargo claims within 30 days. Carrier agrees to cooperate fully with Broker in the investigation and resolution of any claims.

7. INDEPENDENT CONTRACTOR

Carrier is an independent contractor and not an employee, agent, or representative of Broker. Carrier is solely responsible for its drivers, equipment, taxes, and compliance with all applicable laws.

8. TERM & TERMINATION

This Agreement shall remain in effect for one (1) year from the date of execution and shall automatically renew for successive one-year terms. Either party may terminate this Agreement with thirty (30) days written notice.

9. GOVERNING LAW

This Agreement shall be governed by and construed in accordance with the laws of the State of Florida.

SIGNATURES

BROKER: M&O Solutions, LLC

Authorized Signature:

Printed Name:

Date:

CARRIER:

Company Name:

MC Number:

DOT Number:

Authorized Signature:

Printed Name & Title:

Date:

CARRIER INFORMATION SHEET

Please complete all fields below and return with your signed agreement.

Company Information

Legal Company Name: _____

DBA (if applicable): _____

MC Number: _____

DOT Number: _____

Physical Address: _____

City, State, ZIP: _____

Mailing Address (if different): _____

Contact Information

Primary Contact Name: _____

Title: _____

Phone Number: _____

Email Address: _____

After-Hours / Emergency Phone: _____

Equipment & Operations

Number of Trucks: _____

Number of Drivers: _____

Equipment Types: _____

Preferred Lanes: _____

EIN / Tax ID Number: _____

Payment Information

Factoring Company (if applicable):

Factoring Company Phone:

Payment Remittance Email:

Please attach a copy of your W-9, Certificate of Insurance, and MC/DOT Authority letter with this completed packet. Email completed documents to info@mosolutions.org or fax to our office. For questions, call (407) 792-1713.