



Limited Power of Attorney

Be it ACKNOWLEDGED that I, _____ (Carrier/Carrier Company), the
“Principal “,do hereby grant a limited and specific power of attorney to At Your Services Logistics
of as my “Attorney-in -Fact”.

Said Attorney-in-Fact shall have full limited power and authority to undertake and perform only
the following acts on my behalf:

1. Complete any and all Broker/Carrier Agreement(s) for any and all brokerage(s) that
carrier is onboarding
2. Complete any and all Rate Confirmation,officially booking loads

The authority herein shall include such incidental acts as are reasonably required to carry out
and perform the specific authorities granted herein. My Attorney-in-Fact agrees to accept this
appointment subject to its terms, and agrees to act and perform in said fiduciary capacity
consistent with my best interest, as my Attorney-in Fact in its discretion deems advisable.

This limited power of attorney is effective upon execution.

This limited power of attorney may be revoked by any of the following:

(Initial and Check the line if Applicable)

____ -By the Principal at any time by authorizing a Revocation.

____ -When the above stated one

(1)time limited power of attorney or responsibility has been completed.

____ -On the ____ day of _____, 20_____.

This limited power of attorney form shall automatically be revoked upon my death or
incapacitation,provided any person relying on this limited power of attorney shall have full
right
to accept and reply upon the authority of my Attorney-in-Fact until receipt of actual notice

of revocation

STATE of _____, County

On this _____ day of

_____, 20_____, before me appeared _____,

as Principal of this Limited Power of Attorney who proved to me through government issued photo identification to be as the above-named person, in my presence executed the foregoing instrument and acknowledgment that he executed the same as his free act and deed.

(OFFICIAL SEAL HERE)

Notary Public

My commission expires:

State Law. This Limited Power of Attorney governed by the law of the State of _____

Signed this _____ day of _____, 20 _____

Principle Signature _____ Principle Name _____

ACCEPTANCE OF APPOINTMENT

I, At Your Service Logistics, the attorney-in-fact named above, hereby accept appointment as attorney-in-fact in accordance with the foregoing instrument.

Attorney-in-fact Signature _____ Attorney-in-Fact Printed Name _____

Witnesses, the witness, do hereby declare in the presence of the principal that the signed and executed this instrument as his Limited Power of Attorney in my presence, that he signed it willingly, that I hereby sign this Limited Power of Attorney as witness at the request of the principal and in his presence, and that, to the best of knowledge, the principal is eighteen years of age or over, of sound mind, and under no constraint or undue influence.

Witness Signature _____ Witness Name _____

Address _____ City, State & Zip Code _____

