

LIMITED POWER OF ATTORNEY

This Limited Power of Attorney (the AGREEMENT) is made effective on _____ (date)
between: Gatscomp Logistics hereinafter called DISPATCH a company established under company
the laws of the State of Texas, and hereinafter called Carrier, motor carrier with MC # _____
and/or DOT # _____ Carrier hereby appoints Gatscomp Logistics as Attorney-in-Fact.
Gatscomp Logistics shall have full power and authority to act on my behalf. This power and authority shall authorize
Gatscomp Logistics 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.

Gatscomp Logistics powers shall include, but not be limited to, the power to contact shippers and brokers on
my behalf for cargo, transfer paperwork (carrier packet, rate confirmations, insurance certificates, invoices
and all necessary paperwork) to shippers and brokers. This includes the power and authority to sign and execute
rate confirmations and other related documents for freight. 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.

Gatscomp Logistics shall not be liable for any loss that results from a judgment error that was made in good
faith. However, Gatscomp Logistics 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 Gatscomp Logistics 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. I understand that such
revocation is to be sent in writing immediately through fax# 210-566-0365 or emailed to transport@gatscomp.net.
In witness whereof the parties hereto have executed this agreement on the date below.

DISPATCH / REPRESENTATIVE: Gatscomp Logistics

CARRIER

Signature:

Print: Terrance Gatson

Signature: _____

Name: _____

Address: _____

Phone#: _____

Email: _____

Date: ____/____/____

Date: ____/____/____