



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 Metro Star 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 Confirmations, officially booking loads
3. Any additional administrative tasks, such as bookkeeping or invoicing

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 Box 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 rights to accept and reply upon the authority of my Attorney-in-Fact until in receipt of actual notice of revocation.

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

Signed this _____ day of _____, 20_____.

_____ (Principal's Signature)

_____ (Principal's Print Name)

ACCEPTANCE OF APPOINTMENT

I, **Metro Star Logistics** the **attorney-in-fact** named above, hereby accept appointment as **attorney-in-fact** in accordance with the foregoing instrument.

Attorney-in-Fact's Signature _____

Attorney-in-Fact's Printed Name _____

WITNESS

I, the witness, do hereby declare in the presence of the principal that the principal 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 a witness at the request of the principal and in his presence, and that, to the best of my knowledge, the principal is eighteen years of age or over, of sound mind, and under no constraint or undue influence.

_____ **Witness Signature**

Address _____

_____ **Witness Print Name**

City, State & Zip Code _____

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 the above-named person, in my presence executed foregoing instrument and acknowledged that he executed the same as his free act and deed.

(Official Seal Here)

Notary Public

My commission expires: _____