



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 **Tekoa Solutions LLC** 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.

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, **Tekoa Solutions LLC**, 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 **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 _____

ACKNOWLEDGMENT OF NOTARY PUBLIC

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: _____