

To all Carriers,

_____ Payment Plan A: “Quick Pay” (Fee is 2% of the full rate or \$20, whichever is greater) Payment would be made 10 days from when we receive the invoice.

_____ Payment Plan B: “Standard Terms” Payment will be made 30 days from receipt of invoice.

Please check the payment plan that you prefer and return with your confirmation. Your payment will be made based on the plan that you choose unless/until you request a change in writing. If you have any further questions, please don't hesitate to call.

Carrier name _____

Street Address _____

City, State, Zip _____