



<u>For Internal Use Only</u>	
Carrier MC#	_____
Carrier ID#	_____

## Payment Options

**\*\*\*If this form is not filled out your account will be set to our standard payment terms of: A paper check mailed 30 days from receipt of a legible POD and Invoice. \*\*\***

### 1.) Payment Terms (Please check one):

- Standard Terms: Payment within 30 days from receipt of legible POD and invoice.
- Quick Pay (3% for 3 Days): Payment within three days from receipt of legible POD and invoice. The charge for this service will be 3% of the total carrier invoice.  
 \*\*\*Please note you can not elect quick pay if you are using a factoring company.

### 2.) Payment Delivery (Please check one):

- Payment by Check - mailed to the following remit to address:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Payment via ACH (no additional charge) – Please fill out all necessary info below for bank transfer.  
 Carrier Name: \_\_\_\_\_  
 Bank Name: \_\_\_\_\_  
 Bank Routing # (9 Digits): \_\_\_\_\_  
 Bank Account #: \_\_\_\_\_  
 Notification e-mail Address: \_\_\_\_\_

**\*\*\*For faster payments please send Invoices and POD's via E-mail or fax to:  
 E-mail: [accounting@vital-trans.com](mailto:accounting@vital-trans.com) or Fax to 330-983-9969**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ Position: \_\_\_\_\_