



To all Carriers,

_____ Payment Plan A: Fee for quick pay would be 2% of the full rate or \$20.00 whichever is greater. Pay out time would be 10 days from when **we receive** the invoice.

_____ Payment Plan B: The normal way of payment will be paid out 30 days from when **we receive** the invoice.

Please check the payment plan you would like and return with your confirmation. Whichever payment plan you decide to go with, you will be locked in that plan until you send a letter asking to change your payment plan. If you have any further questions please feel free to call 1-800-849-0249.

Carrier Name _____

Address _____

City, State, Zip _____

Management