



CONTRACT FREIGHT SERVICES

Quick/Instant Pay Form

***Must fax to 855.303.8753 with rate confirmation and POD*

Carrier Name: _____

Address: _____

Phone: _____

Fax: _____

CFS Load #: _____

Amount: \$ _____

Quick Pay (1 day to 1 week depending on form– 4.9% or \$25, whichever is greater)

PICK ONE:

- Regular mail (no additional charge)
- Fedex, 1-3 day (you will be charged for shipment)
- Tcheck of EFS funding – same day – additional 1.5%

By signing below I/we further agree to all terms and conditions as agreed for the load(s), assert that the load was delivered according to agreement, and there are no OS&D or other issues we have not made known to the broker. I/we also agree to the fees as they are listed and certify that the paperwork accompanying this request are true and correct, and that I will immediately mail the originals to prevent any further charges. I also certify that I'm authorized to receive payment for my company. I also understand that while an NOA may determine we pay someone on your behalf, it will not automatically preclude quick pay fees if we do not receive direct written instruction to not charge QP fees.

Name _____ Signature _____ Date _____