

PAYMENT OPTIONS

CARRIER/VENDOR BILLING

Please submit invoice, legible copy of POD, and all other pertinent documents

1 Day Quick Pay

- Submit invoices by 1300 MST (1:00 PM MST) for SAME DAY pay via Comcheck
- Processing Premium: 6% off of net plus a \$10 Comcheck fee
- No contract, invoice by invoice basis

Email qp1@englandlogistics.com Fax 801-736-7914

2 Day Quick Pay

- Submit invoices by 1600 MST (4:00 PM MST) for TWO BUSINESS DAY pay via Comcheck
- Processing Premium: 4% off of net plus a \$10 Comcheck fee
- No contract, invoice by invoice basis

Email qp2@englandlogistics.com Fax 801-736-7915

7 Day Quick Pay

- Paid by ACH or ECS fuel card
- All invoices at a 1.5% reduction or \$10, whichever is greater

Email elcp@englandlogistics.com Fax 801-736-7983

Standard 15 Day Pay

- Paid by ACH, ECS fuel card, or check. (\$3.50 processing fee for anything paid by check)

Email elcp@englandlogistics.com Fax 801-736-7983

(Select your payment option below)

- ☐ 7 Day ECS Fuel Card
☐ 7 Day ACH

- ☐ 15 Day Standard Pay ECS Fuel Card
☐ 15 Day Standard Pay ACH
☐ 15 Day Standard Pay Check

Name of Carrier: _____

For ECS Fuel Card

DOT#: _____ CID#: _____ Remittance Email: _____

By signing this agreement, carrier agrees to the payment plan terms and conditions selected and agrees that such terms and conditions will apply on all invoices, unless a written or email request is otherwise submitted and England Logistics is provided a reasonable amount of time to implement such change.

For ACH

Name on Account: _____ Bank Name: _____

Bank Acct#: _____ Routing#: _____ DOT#: _____

Remittance Email: _____

I hereby authorize England Logistics to initiate entries to my checking/savings account at the financial institution listed above and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until England Logistics is notified by me in writing to cancel it in such time as to afford England Logistics and the financial institution a reasonable opportunity to act on it.

Print Name: _____ Date: _____

Signature: _____ Date: _____

Submit completed form to elap@englandlogistics.com or fax 801-736-7929