

ACCOUNTING INFORMATION PAGE

REQUIRED INFORMATION FOR PROCESSING

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

ACCOUNTING CONTACT _____ POSTION _____

PHONE _____ EXT _____ or DIRECT LINE _____

INVOICE REMITTANCE EMAIL _____

PAYMENT PROCESSING

PLEASE CHOOSE ONE OF THE FOLLOWING OPTIONS

A. FACTORING COMPANY _____

(PLEASE ATTACH NOTICE OF ASSIGNMENT OR FILL OUT THE BELOW)

FACTORING CONTACT _____ PHONE _____

FACTOR ADDRESS _____

CITY _____ STATE _____ ZIP _____

REMITTANCE EMAIL _____

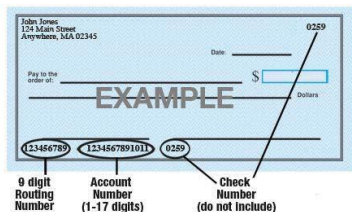
B. 30-DAY PAY

FROM DATE/TIME OF RECEIPT OF INVOICE AND B.O.L. (PLEASE CHOOSE BELOW: MAIL / DEPOSIT)

MAIL – FREE

DIRECT DEPOSIT – FREE

(PLEASE ATTACH A VOIDED CHECK)



NAME OF BANK _____

TYPE OF ACCOUNT CHECKING SAVINGS

9-DIGIT ROUTING# _____

ACCOUNT# _____

C. QUICK PAY:

(PLEASE SEE QUICK PAY INSTRUCTIONS & REQUIREMENTS ON PAGE 9)

1 DAY 4.5%

3 DAYS 3.5%

7 DAYS 2.5%

CARRIER SIGNATURE _____ DATE _____



QUICK PAY AUTHORIZATION (OPTIONAL)

QUICK PAY INVOICES MUST BE SUBMITTED TO: QUICKPAY@EASELOGISTICS.COM

REQUESTED EMAIL SUBJECT: QUICK PAY (A, B, OR C)

- CHOOSE:
- A. 1 DAY @ 4.5%
 - B. 3 DAYS @ 3.5%
 - C. 7 DAYS @ 2.5%

PLEASE INCLUDE INVOICE, RATE CON AND PURCHASE OF DELIVERY/ BILL OF LADING WITH SIGNATURE

PLEASE NOTE, CARRIERS ARE NOT SETUP WITH QUICK PAY TERMS;

CARRIER MUST REQUEST QUICK PAY WITH EACH INVOICE & SUBMIT BY EMAIL

ALTERNATE SUBMISSION BY FAX: 614-467-3729

PLEASE INCLUDE INVOICE, RATE CON AND/OR ORDER# ON EACH FAX SUBMITTED

MAILING OPTION: EASE LOGISTICS SERVICES, LLC
 ATTN: ACCOUNTS PAYABLE
 6100 AVERY ROAD
 DUBLIN, OHIO 43016

ALL REQUESTS FOR ACCESSORIAL CHARGES MUST BE SENT TO ACA@EASELOGISTICS.COM

CARRIER PAYMENT POLICY AND PROOF OF DELIVERY

REQUIREMENTS

IN AN EFFORT TO AVOID ANY DELAYS IN OUR PAYMENT TO YOU, WE HAVE CREATED THE FOLLOWING PAYMENT AND REQUIRED PROOF OF DELIVERY POLICY.

1. YOUR INVOICE – MUST MATCH THE SIGNED RATE CONFIRMATION EXACTLY
2. THE ORIGINAL OR A LEGIBLE COPY OF THE SIGNED PROOF OF DELIVERY
3. THE FINAL, SIGNED RATE CONFIRMATION(S) – MUST MATCH INVOICE
4. ALL REIMBURSABLE RECEIPTS – MUST HAVE DOCUMENTATION OF MANAGEMENT APPROVAL VIA UPDATED RATE CONFIRMATION(S) FOR REIMBURSEMENT TO BE VALID
5. YOU MAY SUBMIT THE ABOVE DOCUMENTS VIA EMAIL TO: INVOICES@EASELOGISTICS.COM

PAYMENT VIA MAIL OR DIRECT DEPOSIT:

EASE LOGISTICS SERVICES, LLC OFFERS OUR CARRIER NET 30 DAY PAY TERMS ONCE ALL NECESSARY PAPERWORK IS RECEIVED.

ACCOUNTING SIGNATURE _____ DATE _____