

### PAYMENT OPTION AND QUICK PAY DISCOUNT AGREEMENT

Reliant Transportation offers different payment methods to best meet the needs of our carriers, including the following:

**Direct Deposit (EFT)** – With this payment method, Reliant Transportation will process an automated deposit directly into your bank account after receiving all required documents needed for settlement. Direct deposit payment are processed on a daily basis, with payments initiated on the day payments are due based upon the Payment Option Selected in the attached Appendix "A". Payments will be credited to your account one business day after they are processed by Reliant.

There is no fee associated with this payment method. We will e-mail (*preferred*) or fax supporting remittance information each time a payment is made to the address provided below.

Remittance E-Mail:	
Remittance Fax #:	

For us to set up this payment method, we must receive a completed Direct Deposit (EFT) Enrollment Form and Agreement (Appendix "B" attached). We will also need a copy of a VOIDED check with the account and bank routing numbers for the account you wish to use for these deposits. Attach your VOIDED check in the space provided below as well as the address you wish the remittance information to go to.

**Check Payments** – If you elect to be paid by check, payments will be processed on the Friday morning that payments were due and mailed out that afternoon. Remittance information will be mailed with the check detailing the loads that were paid with that check.

**Quick Pay** – Reliant offers two different Quick Pay options for our Carriers, with a Payment Discount applied based upon the Payment Option Selected (see Appendix "A" attached for terms and agreement). If you elect to be set up for one of the Quick Pay Options, you will also be required to complete the Direct Deposit (EFT) Enrollment Form and Agreement (Appendix "B", attached), in order to be set up in our system to receive Direct Deposit (EFT) payments.

Please complete all applicable forms and e-mail to <a href="mailto:Compliance@Reliant-Transportation.com">Compliance@Reliant-Transportation.com</a>, fax to (888) 608-9407, or mail to the address at the bottom of this form.



#### **APPENDIX "A"**

### **QUICK PAY DISCOUNT AGREEMENT**

By executing this Appendix "A", Carrier is requesting that Reliant make early payment of freight charges in exchange for a discount of the agreed rates provided for in Article 6 of the Freight Broker-Carrier Agreement.

Upon final completion of the load, and after providing all requested or necessary documents to confirm completion of Carrier's responsibilities without loss or damage, Reliant agrees to pay to Carrier the amount of the agreed rate, as confirmed by Reliant, less a percentage discount of the agreed rate amount. Upon receiving the necessary documents (and after allowing for a reasonable processing time), Reliant will make payment on the following schedule, by mailing a check to Carrier or by ACH Transfer.

Payment Option	Payment Method	Calendar Days	Payment Discount	
Quick Pay	Direct Deposit (EFT)	1	2.50%	
10-Day Quick Pay	Direct Deposit (EFT)	10	2.00%	
20-Day Terms	Direct Deposit (EFT) or Check	20	0.00%	

In no event shall the payment of any agreed rate on an expedited basis be construed as a waiver or release of Carrier's obligations under the Agreement or as an acceptance of Carrier's performance under the Agreement.

Carrier understands and agrees that it may take Reliant up to ten (10) business days from the execution of this Quick Pay Discount Agreement to begin implementing the initial Quick Pay Payment Program.

Payment Option Selected:		
•	(From the list above)	
	(Carrier Name)	
	(Guins: Nums)	
Ву:		
	(sign by an officer of the company)	
Title:		
(E	E.g. "Owner", "President", "Vice President", etc.)	
Date:		



# **APPENDIX "B"**

## **DIRECT DEPOSIT (EFT) ENROLLMENT FORM AND AGREEMENT**

Company / Payee: Name: Address:	Please Print or Type All Information	on**			
City:	State:	Zip Code:			
Contact Person:		Phone:			
E-Mail Address:		Fax:			
Financial Institution Name:Address:					
City:	State:	Zip Code:			
Contact Name:		Phone:			
Routing Number: Account Number:		(9 digits)			
Account Type:	Checking:	Savings:			
information provided on this form is co are not affected, and payments will be	tify that I am authorized to enter into this agreement on behalf of the account holder. I verify that the rmation provided on this form is correct and that Reliant may rely on it. Established payment terms not affected, and payments will be deposited into the account designated above. Any changes to this eement must be in writing, please allow up to ten (10) business days to execute your instructions.  Chorized Signature:  Date:				
<u></u>					
Name:		Title:			
VOIDED CHECK					
	OFFICE USE ONLY				
Approved By:		Date:			