



9633 Oak Crossing Rd, Suite 400 Orlando, FL 32837

Quick Pay Discount Agreement

THIS FORM CAN ONLY BE COMPLETED BY AN AUTHORIZED AGENT OF THE COMPANY

By executing this agreement, the carrier listed below requests that Express Freight, Inc. will make an early payment of freight charges in exchange for a discount off the agreed rate provided in our Confirmation of Contract Carrier Rate Agreement.

Upon completion of the load, and after providing the necessary documents to confirm completion of the carrier's responsibilities without loss or damage, Express Freight, Inc. agrees to pay to carrier the amount of the freight bill agreed to on the Confirmation Contract Carrier Rate Agreement, less the discount amount selected below. Payment on all invoices will be made, provided the proper documents have been submitted.

Carrier payment will be mailed based on the choice of the discount options below in the form of a PHYSICAL CHECK. (Please select your discount option)

Carrier shall provide Express Freight with written payment instructions along with their selection of discount plans, and agrees to indemnify and hold Express Freight harmless from any claims or damages that may arise from payment by Express Freight according to carrier's instructions. Fee % subject to change without notice.

Please select your discount option

Six percent (6%) discount on the gross amount on the invoice

Payment will be issued within one business day following receipt of the delivery documents.

Five percent (5%) discount on the gross amount on the invoice

Payment will be issued within 7 days following receipt of the documents.

Four percent (4%) discount on the gross amount on the invoice

Payment will be issued within 15 days following receipt of the documents.

If you have any questions about Quick Pay payments, contact Express Freight, Inc. accounting

department at 855-933-9773 Ext 1002.

Mail with your paperwork or Fax to 321-400-1459 or Email accounting@expressfreightinc.com

Carrier Name _____

MC # _____

Signature of Authorized Agent (Carrier) _____

Printed Name & Title _____

Date _____