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**SELECT LOGISTICS NETWORK INC.**

P. O. BOX 496  
CLINTON, IL  
61727



PH 217-935-8543  
800-353-9113  
FAX 217-935-0056

YOUR  
TRANSPORTATION  
SPECIALISTS

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**PAYMENT PLAN**

**THIS SHEET MUST BE COMPLETED, SIGNED, & RETURNED IN ORDER TO CHOOSE QUICK PAY**  
ALL CURRENCY STATED IN USD

**ALL PAYMENT PLANS REQUIRE RECEIPT OF THE FOLLOWING INFORMATION FOR PAYMENT OF YOUR INVOICE.**

Carrier set up process must be completed. Your invoice must be mailed in, received, and to include all **ORIGINAL DOCUMENTS.**

**Documents must include:** Proof of Delivery, signed as received in full, and in good condition, no exceptions. All documents related to blind shipment: Bill of Lading issued by shipper, and Bill of Lading produced to ensure the delivery is executed as "blind". Scale tickets (light & heavy) if required on load. Lumper receipts if required on load. Any documents required on rate confirmation, and which pertain to said shipment. Once all of these criteria are met, the following payment plans are available with receipt of carrier invoice and the paperwork described above. Carrier may change the choice of payment for each shipment.

**Check ONE of the choices immediately below**

- Immediate payment: Upon receipt of invoice and all required paperwork, less 5% of total invoice per each load, or the \$25 minimum (whichever is greater).**
- 14 Days: Payment within 14 calendar days of receipt of invoice and all required paperwork, less 3% of total invoice per each load, or the \$25 minimum (whichever is greater)**
- 30 Days: Payment within 30 calendar days of receipt of invoice and all required paperwork.**

Payment shall be mailed by regular mail, unless carrier chooses to use other means at their expense.

Company \_\_\_\_\_

Remittance Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Carrier (Authorizing Signature for Payment Plan) \_\_\_\_\_

Print (Authorizing) Name \_\_\_\_\_ Date \_\_\_\_\_

Select Logistics Network, Inc. Load # \_\_\_\_\_, OR (IF Load # has not been assigned)

Origin \_\_\_\_\_ Destination \_\_\_\_\_ Date Shipped \_\_\_\_\_

If you factor your accounts receivables, and wish to be paid directly, a letter of release will be required from the factoring company. This letter needs to come from your factoring company on their letterhead stating we may pay you (the carrier) instead of them. Otherwise we are legally bound to pay the factoring company. Sgk012215

**COMPLETE FORM, SIGN, AND RETURN ASAP BY FAX 217-935-0056, or EMAIL [select@selectlogistics.net](mailto:select@selectlogistics.net)**