

Rockwell Quick Pay Program

If you would like to be set up as a **quick pay** carrier, please review the guidelines listed below, check the appropriate box indicating the preferred method of payment, and fill out the required information for the applicable payment method.

Guidelines

1. The cost of the quick pay service is a 2% discount (subject to change with 30 days written notice) that will be taken from the agreed upon rate for each shipment. In the event an advance payment has already been issued on the load, the 2% fee will be deducted from the remaining open balance after factoring in prior payments and discounts.
2. Payment will be issued within two business days from receipt of invoice along with a signed, clean bill of lading, POD, lumper receipts, and any other documentation.
3. No invoice will be paid via the Quick Pay program if there are outstanding disputes regarding claims or service. In addition, valid authority, certificate of insurance, and a signed contract must be on file with Rockwell. Companies that factor their receivables are not eligible for the Rockwell quick pay program.
4. Your company will remain on quick pay for any and all invoices submitted for payment until written notice to cancel the quick pay program is e-mailed to accountspayable@rockwelltrans.com or faxed to 913-319-0625.

Payment Methods – select only ONE (1) & fill out that section completely

Quick Pay by Paper Check – **Sent via standard mail unless the FedEx or UPS option is selected below and the appropriate account # is provided.**

Expedited Options: FedEx UPS

UPS or FedEx account #: _____

Company Name: _____

Remit to Address: _____

City: _____ State: _____ Zip Code: _____

Quick Pay by T-Chek – **Rockwell Transportation will pay the initial T-Chek service charge. If the entire T-Chek balance is not cashed initially, the T-Chek service charge shall be deducted from the remaining open balance for each subsequent cashing.**

Distribution Method: Phone E-Mail

Accounts Receivable Contact Name: _____

Accounts Receivable Phone Number: _____

E-Mail Address (if e-mail distribution method is selected): _____

By signing below, you acknowledge that all payment information provided is accurate and agree to the guidelines referenced above.

Authorized Signature: _____

Printed Name: _____

Company Name: _____

MC Number: _____ Date: _____