

SELECT LOGISTICS NETWORK INC.

P. O. BOX 496
CLINTON, IL
61727



PH 217-935-6543
800-353-9113
FAX 217-935-0056

YOUR
TRANSPORTATION
SPECIALISTS

PAYMENT PLAN

THIS SHEET MUST BE COMPLETED FOR PAYMENT ON ALL INVOICES
ALL CURRENCY STATED IN USD

ALL PAYMENT PLANS REQUIRE RECEIPT OF THE FOLLOWING INFORMATION FOR PAYMENT OF YOUR INVOICE. Bill of Lading must be ORIGINAL BOL, signed as received in full, and in good condition, no exceptions. If blind Bill of Lading required on load, this must accompany invoice for payment. If scale tickets required on load, these must accompany invoice for payment. 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. If the choice of payment is either #1 or #2 and carrier has faxed its choice into our office, the payment plan will be entered into the payment system and will be paid accordingly. If carrier choice is #3, this form does not have to be returned as that is the normal payment cycle for Select Logistics Network Inc.

1. Immediate payment upon receipt of your invoice and proper paperwork, less 5% of total invoice per each load, or the \$25 minimum (which ever is greater).
2. Payment within 14 calendar days of receipt of proper paperwork, less 3% of total invoice per each load, or the \$25 minimum (which ever is greater)
3. Payment within 30 calendar days of receipt of proper paperwork.

Please pay the company listed below on payment plan chosen Carrier needs to write the number of the plan chosen in the blank provided. You need to pick #1, 2, or 3 as your choice.

PAYMENT PLAN - # _____

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

SELECT LOGISTICS NETWORK INC. Load # _____

Company _____

Remittance Address _____

City, State, Zip _____

Carrier Authorizing Signature for Payment Plan _____

Print Authorizing Name _____ **Date** _____

COMPLETE INFO, SIGN, AND RETURN BY FAX ASAP TO 217-935-0056