

Chronicle Freight Inc  
15437 Anacapa Rd Victorville CA 92392  
P. 760-813-7161 F. 760-813-7162

**Carrier Payment Options:**  
*Notice – Please Read Carefully!*

**To start the payment process:**

\*\*\*Scanned copies must be emailed to [Chroniclefreight@gmail.com](mailto:Chroniclefreight@gmail.com) and be received by 10:00 AM PST for inclusion in that day's billing. Faxed copies are not accepted.\*\*\*

\*\*\*Please note that sending a copy to the agent does NOT replace sending your invoice to billing.\*\*\*

All payment options require complete load documentation including invoice, rate confirmation, scale tickets (if applicable), and a signed bill of lading.

**Please Check ONE:**

- \*1-Day Quick-Pay.** Payment in 24 hours from receipt of scanned or original BOL. 5% discount.
- \*7-Day Quick-Pay.** Payment in 7 days from receipt of scanned or original BOL. 3% discount.
- Regular Payment Option.** Payment in 30 days from receipt of scanned or original BOL.

*\*Please put "quick pay" on your invoice.*

**METHOD OF PAYMENT TRANSMITTAL (Please Check ONE):**

- Send payment by **U.S.Mail**. No fees will be charged.
- Send payment by **EFS Check**. A \$20.00 service fee will be deducted from your payout up to \$1,999.99. Thereafter \$10.00 per thousand (or part thereof) will be added to the service fee.

**Payments are processed Monday – Friday, no holidays.**

The undersigned warrants they are authorized by the carrier to sign this agreement. Payment options will not change unless carrier provides Chronicle Freight at least 48 hours written notice.

Signature: \_\_\_\_\_ Print Name \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Carrier Name: \_\_\_\_\_ MC: \_\_\_\_\_  
Phone: ( \_\_\_\_ ) \_\_\_\_\_ Address: \_\_\_\_\_  
Fax: ( \_\_\_\_\_ ) \_\_\_\_\_ City: \_\_\_\_\_  
Email: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

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**VENDOR ACH Authorization Form**

\*\*\*This form **MUST** be accompanied by a **Printed Voided Check or Bank Letter**\*\*\*

New Authorization       Cancellation       Change/Modification to Account

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (      ) \_\_\_\_\_

**Funds Settlement Information**

Bank Name \_\_\_\_\_

Account Owner \_\_\_\_\_

Account Name \_\_\_\_\_

Address \_\_\_\_\_

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

Routing # (9 digits) \_\_\_\_\_ Account # \_\_\_\_\_

Account type  Savings  Checking

\_\_\_\_\_ (hereinafter referred to as Vendor) allows Chronicle Freight to initiate ACH transfer entries and to credit the account identified herein for charges relating to services rendered. This authorization shall remain in effect unless and until Chronicle Freight has received written notification from Vendor that this authorization has been terminated in such time and manner to allow Chronicle Freight to act. Undersigned represents and warrants to Chronicle Freight that the person executing this release is an authorized signatory on the Account referenced above and all information regarding the Account and Account Owner is true and correct.

\_\_\_\_\_  
Account Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title

**ATTACH PRE-PRINTED VOIDED CHECK OR BANK LETTER**

ACH commission settlement is available for most bank accounts in the United States. Canadian accounts are not applicable at this time.