



## Quick Pay Program

Pinch Transport standard pay terms are thirty (30) days from receipt of carrier invoices and all proper documentation. If your organization is satisfied with these terms, no action is required. If your company is interested in getting Quick Pay, please complete this document by checking one of the options below. Please also fill out and sign the bottom portion.

Please return Quick Pay Form to: [pgc@pinchtransport.com](mailto:pgc@pinchtransport.com)

### Check One Payment Option:

☐ **Quick Pay Terms:** This option is **ONLY** available after the carrier has moved at least 3 loads for PGC Logistics. On the 4<sup>th</sup> load, Quick Pay will now be available at the terms below.

\*Payment will be issued in five (5) business days from receipt of invoice and proper documentation at a 4% fee per invoice deducted from settlement.

☐ **Quick Pay Terms:** This option is available on the first load the carrier moves for PGC Logistics.

\*Payment will be issued **between (10) and (15) business days** from receipt of invoice and proper documentation at a 4% fee per invoice deducted from settlement.

**Payment Policy:** Every effort will be made to pay carrier invoices within 30 days of invoice receipt, provided the BILL OF LADING/PROOF OF DELIVERY includes the following:

- Bill of Lading/POD is clearly signed. Submitted within 24 -48 hours from delivery.
- All copies are legible.
- No notice of claim has been given – BOL's "Free of Discrepancies."
- **A Signed Rate Confirmation has been returned to [pgc@pinchtransport.com](mailto:pgc@pinchtransport.com)**
- The invoice is emailed to [pgc@pinchtransport.com](mailto:pgc@pinchtransport.com). Occasionally original bills must be provided instead of copies and the carrier will be notified of this in the load confirmation.
- **VOIDED CHECK MUST BE EMAILED TO [PGC@PINCHTRANSPORT.COM](mailto:PGC@PINCHTRANSPORT.COM) PRIOR TO DELIVERY FOR DIRECT DEPOSIT QUICK PAY**

By signing this form, you accept these terms, fees and that you are an authorized representative of your company.

Carrier Name: \_\_\_\_\_

Carrier MC#: \_\_\_\_\_ SCAC Code: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Sign: \_\_\_\_\_ Date: \_\_\_\_\_