



Payment Authorization Form

Please select method of payment (check only one):

<input type="checkbox"/>	Payment Type/Form	Quick Pay Fee	Comchek/ACH Fee	Timing of Payment
<input type="checkbox"/>	1 day Quick Pay/Comchek	6.75% of gross truck rate	\$25	Next business day
<input type="checkbox"/>	1 day Quick Pay/ACH deposit	6.75% of gross truck rate	\$15	Next business day
<input type="checkbox"/>	7 day Quick Pay/Comchek	4.75% of gross truck rate	\$25	7 days
<input type="checkbox"/>	7 day Quick Pay/ACH	4.75% of gross truck rate	\$15	7 days
<input type="checkbox"/>	7 day Quick Pay/Standard	4.75% of gross truck rate	None	7 days
<input type="checkbox"/>	Standard Payment/ACH	None	\$15	30 days
<input type="checkbox"/>	Standard Payment/Check	None	None	30 days

IMPORTANT:

1. All payments are made once we receive the ORIGINAL bills. Therefore, you must mail them to us.
2. If you do not select a method of payment above, you will automatically be selected to receive our standard payment paid by check.
3. The method of payment you choose above will be your default method of payment. You can override this by specifying otherwise on your invoice.

For ACH deposit please provide banking information and a VOIDED CHECK:

Bank Name _____ Bank Phone () _____

ABA Number _____ Account Number _____

I hereby agree that all future invoices will be paid to the undersigned via the above method once invoice and ORIGINAL BOL/POD are received. The undersigned agrees to accept these payments as payment in full and not come back to First Star Logistics for payment on the above mentioned fees and discounts.

Company Name _____ MC# _____

I hereby acknowledge that I am authorized to sign company documents for the above named company.

Signature _____ Date _____

Printed Name _____

I authorize First Star Logistics to deposit payment for services rendered or goods provided directly into my account at the financial institution listed below. If First Star Logistics erroneously deposits funds into said account, I authorize First Star and the financial institution to initiate the necessary transaction(s) necessary to correct the error. This authorization will remain in effect until First Star Logistics has received written notification from me of its termination and First Star Logistics has had reasonable opportunity to act upon it.

Authorized by: Signature _____ Print _____

P.O. Box 498459 Cincinnati, OH 45249 Phone: 812-637-3251 Fax: 302-450-4181