



Complete Distribution Services, Inc.

Quick Pay Information

Attached you will find our Quick Pay Agreement Form. If you wish to utilize one of our Quick Pay options please submit the completed Quick Pay form along with your invoice and non-exception delivery documents.

Payment will be delivered via the method selected on the Quick Pay form. Options include:

- First Class USPS mail
- T-Chek Express Cash



To be eligible for Quick Pay, we must receive the following:

- ***A completed Quick Pay agreement form for each invoice submitted.***
- ***Your invoice for the contracted amount.***
- ***Non-exception delivery documents signed by the consignee and driver.***

******Please do not submit the Quick Pay form until you have all the required documents******

You may submit the Quick Pay request via the following methods:

- Fax: (503) 597-1125
- Email: AP@ShipCDS.com
- Mail: Complete Distribution Services, Inc.
PO Box 230517
Portland, OR 97281

If you have any questions, please call our office @ **503-597-1100**

******Please note we reserve the right to refuse any Quick Pay request and will pay at normal terms******



For CDS Internal Use Only	
Received Date:	
Pay Date:	
Quick Pay Disc:	
TChk/Fed Ex Fee:	
Amount Payable:	
Payment Sent By:	

P.O. Box 230517 • Portland, OR 97281 • (503) 597-1100 • Fax (503) 597-1125 • www.shipcds.com

Quick Pay Agreement Form

This form represents an agreement between CDS and _____ to pay the below referenced invoice according to the terms as selected on this form. By submitting this form, the undersigned acknowledges that this invoice has not been factored or sold to another party.

Requirements:

- **To be eligible for Quick Pay, we must receive with this form your invoice for the contracted amount along with non-exception delivery documents signed by the consignee and driver.**
- **A completed Quick Payment Agreement Form must be submitted for each invoice.**
- **Please note we reserve the right to refuse any Quick Pay request and will pay at normal terms.**

Invoice Information:

CDS Reference #: _____

Carrier Invoice #: _____

Invoice Amount: _____ (Contracted amount prior to Quick Pay Discount and delivery fee)

Quick Pay Options:

By selecting one of the options below, CDS will send payment on the above referenced invoice within the number of days indicated from receipt of this form along with invoice and proof of delivery. The payment will be sent by the method indicated on this form (additional delivery fees may apply).

	<u>Paid Within</u>	<u>Discount</u> (From above invoice amount)
<input type="checkbox"/>	10 Business Days	2%
<input type="checkbox"/>	05 Business Days	3%
<input type="checkbox"/>	01 Business Day	5%

Delivery Method:

Please select one of the payment delivery methods below (charges in addition to the Quick Pay discount).

	<u>Delivery Method</u>	<u>Fee</u> (In addition to Quick Pay Discount)
<input type="checkbox"/>	First Class USPS	No Charge
<input type="checkbox"/>	T-Chek Express Cash*	\$5.00 (Provide your contact info below to receive T-Check Express Code)



* Desired delivery method of Express Code: Phone Fax Email

* Contact Person for Express Code : _____

* Contact Phone# for Express Code : _____

* Fax # or Email for Express Code : _____

Send this Quick Pay Request to:

Fax #: **(503) 597-1125**
 Email: AP@shipcds.com
 Mail: Complete Distribution Services
 PO Box 230517
 Portland, OR 97281

 Authorized Signature

 Date