



For CDS Internal Use Only	
Received Date:	
Pay Date:	
Pay Amount:	

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 Complete Distribution Services, Inc and _____ to pay the below referenced invoice according to the terms as selected on this form.

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 completed for each invoice.

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"/> | FedEx Priority Overnight | \$35.00 (Rates subject to change – please verify rate at time of request) |
| <input type="checkbox"/> | FedEx Standard Overnight | \$30.00 (Rates subject to change – please verify rate at time of request) |
| <input type="checkbox"/> | FedEx 2 Day | \$25.00 (Rates subject to change – please verify rate at time of request) |
| <input type="checkbox"/> | Please use my FedEx Acct #: _____ | (No Charge) |
| <input type="checkbox"/> | T-Chek Express Cash* | \$5.00 (Provide your contact info below to receive T-Check Express Code) |

* Desired method of Express Code Delivery: Phone Fax Email

* Contact Person for Express Code : _____

* Contact Phone# for Express Code : _____

* Fax # or Email for Express Code : _____

Send this QuickPay Request to:

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

 Authorized Signature Date