



Application for Direct Deposit and/or Quick Pay

Acme will issue payment following receipt of your invoice (if no exception is noted on the proof of delivery) or proof of delivery received by Transflo Express or \$ Velocity. Acme does not accept faxed copies of proof of delivery. Business days exclude weekends and holidays. Once this form is returned, your company will remain on the quick pay program for any and all shipments until written notice to cancel is received. In order to participate in this program, your insurance certificate on file with Acme must be kept current.

You can choose payment by direct deposit **OR** check. If you use a factoring company, have them fax a release to us at 877-848-2263.

Sign and date where requested and return via fax to 877-848-2263 or email to carrierpay@acmetruck.com. If you have any further questions, please call the Acme Payables Department at 800-825-6246.

Company Name _____	
MC # _____	Date _____
Phone Number _____	Fax Number _____
Email Address for remittance stubs _____	
Signature(owner/officer) _____	
Name (print) _____	Job Title _____

PAYMENT TERMS - (Choose only one option)	
<input type="checkbox"/>	For a fee of 7% issue payment in 3 business days.
<input type="checkbox"/>	For a fee of 3% issue payment in 14 business days.
<input type="checkbox"/>	I do not want quick pay. I agree to 28-day payment terms

PAYMENT METHOD - (Choose only one option)	
<input type="checkbox"/>	Issue payment by Check in US Mail
<input checked="" type="checkbox"/>	Issue payment by Direct Deposit: (Attach a voided check)
Bank: _____	
For credit to Account Number _____	
Bank Routing (ABA) Number: _____	