



P.O. Box 3667  
5656 Crater Lake Avenue  
Central Point, Oregon 97502

### Requirement for turning in paperwork for payment

Originals are not required unless requested for legibility. Please submit by one of the following methods.

- Transflo Velocity: ID CMBDV (Combined Transport Logistics Group).
- Email: [billing@blackwellfreight.com](mailto:billing@blackwellfreight.com) all attachments must be PDF.
- Fax: 541-826-1080
- Mail to: Blackwell Consolidation.
  - Attn: Partner Carrier Settlements
  - P.O. Box 3667
  - Central Point, OR 97502

For questions concerning payment, please email or call Angie Peterson at:  
Email: [apartnercarrier@combinedtransport.com](mailto:apartnercarrier@combinedtransport.com) Phone: 541-618-6531

#### **All paperwork submitted must include:**

1. Carrier Invoice:
  - a. Reference the Blackwell Consolidation CT Number.
  - b. Only bill for ONE (1) load per invoice.
  - c. All charges must be billed on the original invoice to include the line haul and ALL accessorial charges with the proper documentation.
  - d. A remittance address and/or factoring company to pay them directly. If you discontinue factoring, we must receive a Release Letter. It is your responsibility to provide this documentation.
2. BOL/POD (must be signed by the consignee)
3. Accessorial Charges:
  - a. If you are invoicing for **detention**, the in/out times must be on the BOL/POD. Please notify dispatch of detention at time of occurrence. Be advised that each customer may have individual requirements concerning detention.
  - b. If invoicing for **lumpers/pallets** you must provide copies of the receipts.
4. Our Load Confirmation that you signed.

*Please note, failure to provide all required documentation may result in non-payment until everything has been received.*

#### **Payment Options**

1. Check: will be mailed out within 15 business days of receipt of required paperwork.
2. Direct deposit: payment will be made within 20 business days of receipt of required paperwork.
3. Quick Pay: payment will be made next business day of receipt of required paperwork for a 5% fee. Payments will be made by check or direct deposit.



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### Quick Pay Sign-Up

**Quick Pay Requirements:** Partner Carriers have the option of next business day pay on any load delivered without damage for a 5% fee. All completed and legible paperwork must be submitted (Carriers invoice, signed BOL/POD and lumpers/pallets if applicable) to our billing department. Carrier may send completed paperwork electronically to expedite payment processing. Payments will be processed M-F except holidays. Invoices received after 2:30pm Pacific Time will be considered received the next business day.

Incomplete, illegible, or paperwork with noted damages may delay payment to the carrier. Carrier will be ineligible for enrollment of Quick Pay if working with a factoring company. Please send a letter of release from your factor if you are currently using a factoring company.

Blackwell Consolidation may refuse to enroll carrier in the quick pay program at our sole discretion. Carrier must be established with Blackwell Consolidation to be approved for Quick Pay (at least one previous load must be moved by carrier).

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**Carrier Information:**

Company Name \_\_\_\_\_ DOT# \_\_\_\_\_

Street Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Check  Direct Deposit (please fill out ACH/Direct Deposit Form)

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By signing below I agree to Quick Pay and authorize the associated fees to be deducted. I confirm that I am authorized to make payment decisions for this carrier. I am not using a factoring company, or a letter of release will be submitted. I understand that should I wish to alter or discontinue Quick Pay it will be necessary to make such a request in writing to [apartnercarrier@combinedtransport.com](mailto:apartnercarrier@combinedtransport.com), or PO Box 3667, Central Point, OR 97502, or by Fax 541-826-1080.

**Authorized Signature** \_\_\_\_\_

**Printed Name and Title** \_\_\_\_\_

**Please do not fill out this form unless you are interested in quick pay**



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## ACH/Direct Deposit Enrollment Form

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### Authorization Agreement

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I hereby authorize Blackwell Consolidation to initiate automatic deposits to my account at the financial institution named below.

Further, I agree not to hold Blackwell Consolidation responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Blackwell Consolidation receives a written notice of cancellation from me or my financial institution.

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### Carrier and Account Information

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Company Name: \_\_\_\_\_

AR Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email address: (required for remittance) \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Bank Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type (Checking/Savings) \_\_\_\_\_

Is this a Canadian Bank Y / N

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### Authorized Signature

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I certify that the information above is true and correct, and that I, as a representative for the above named company, hereby authorize Blackwell Consolidation to electronically deposit payments to the designated bank account. If funds to which I am not entitled are deposited to my account, I authorize Blackwell Consolidation to direct the financial institution to return such funds. This authority remains in full force until Blackwell Consolidation receives written notification requesting a change or cancellation.

This and future requests can be sent to [apartnercarrier@combinedtransport.com](mailto:apartnercarrier@combinedtransport.com), PO Box 3667, Central Point, OR 97502, or by Fax 541-826-1080

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

Authorized Signature: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

**Please attach voided check or bank form (deposit slips are invalid)**