



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@combinedtransport.com all attachments must be PDF.
- Fax: 541-826-1080
- Mail to: Combined Transport, Inc.
 - Attn: Partner Carrier Settlements
 - P.O. Box 3667
 - Central Point, OR 97502

For questions concerning payment, please email or call Angie Peterson at:
Email: appartnercarrier@combinedtransport.com Phone: 541-618-6531

All paperwork submitted must include:

1. Carrier Invoice:
 - a. Reference the Combined Transport 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 **permits/escorts** that are not included in the quoted rate you must provide copies of the permits/escorts.
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 permits/escorts 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.

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

Carrier Information:

Company Name _____ DOT# _____

Street Address _____

Phone _____ Email _____

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

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, or PO Box 3667, Central Point, OR 97502, or by Fax 541-826-1080.

Authorized Signature _____

Printed Name and Title _____



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ACH/Direct Deposit Enrollment Form

Authorization Agreement

I hereby authorize Combined Transport Inc. to initiate automatic deposits to my account at the financial institution named below.

Further, I agree not to hold Combined Transport Inc. 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 Combined Transport Inc. receives a written notice of cancellation from me or my financial institution.

Carrier and Account Information

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

Authorized Signature

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

This and future requests can be sent to appartnercarrier@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)