



PAYMENT OPTIONS

CARRIER / VENDOR BILLING



Please submit a completed copy of this form to info@TriumphPay.com

Check mark your selection to receive QP or SP

Next Day

1.5% QUICK PAY

Standard 21 Days

Name of Carrier: _____ Phone number: _____

DOT#: _____ MC#: _____ Remittance Email: _____

By signing this agreement, carrier agrees to the payment plan terms and conditions selected and agrees that such terms and conditions will apply on all invoices unless a written or email request is submitted and is provided a reasonable amount of time to implement such change. Changes to your account will be reflected within a reasonable update period.

Sign Up/Register your account and connect with the above broker by logging into:
www.TriumphPay.com

Print Name: _____ Date: _____

Signature: _____ Date: _____

Submit complete form to info@triumphpay.com
Questions please call 469-312-7222