QuickPay Change Form

COMPANY NAME : **("Carrier")**			
COMPANY ADDRESS:			
MC Number:		**DOT Number:**	
Date of Request:			
Printed Name (Authorized Rep):		Signature (Authorized Rep):	

By submitting this QuickPay Change Form ("Form") to ITG Transportation Services Corp. ("ITG"), Carrier agrees and acknowledges that beginning on the Date of Request:

1. Carrier desires and requests for ITG to make the change indicated in this Form with regard to Carrier's enrollment or unenrollment in ITG's QuickPay Program;
2. If this Form is submitted for enrollment in ITG's QuickPay Program, ITG maintains sole and absolute discretion in granting Carrier's request for enrollment hereunder and, if granted, ITG may, at any time, with or without notice, terminate Carrier's enrollment in ITG's QuickPay Program;
3. If this Form is submitted for enrollment in ITG's QuickPay Program, all payments to be made to Carrier following ITG's granting of Carrier's request for enrollment will be subject to the terms, conditions, requirements, timing, payment terms, and discounts as provided in ITG's Broker-Carrier Agreement as amended by the Quick Pay Agreement.;
4. If this Form is submitted for enrollment in ITG's QuickPay Program, Carrier may not unenroll from the QuickPay program for a minimum of four (4) weeks after the Date of Request ("Initial Period"). Further, in the event Carrier engages a factoring company or otherwise receives advance payments from third parties that place liens on Carrier's receivables during this Initial Period, Carrier's enrollment in the QuickPay Program shall nonetheless continue (subject to the terms, conditions, requirements, timing, payment terms, and discounts as provided in ITG's QuickPay Agreement) until the expiration of the Initial Period, and Carrier shall defend, indemnify, and hold ITG harmless from any claims or causes of action brough by such factoring company or third party for ITG's continued payment thereunder;
5. If this Form is submitted for unenrollment from ITG's QuickPay Program, such request will be processed and go into effect the later of (i) the expiration of the Initial Period or (ii) no more than seven (7) days after ITG's receipt of this Form properly requesting unenrollment.
6. If this Form is submitted for unenrollment from ITG's QuickPay Program, upon ITG's processing of such unenrollment, all payments to be processed and made thereafter shall be subject to ITG's standard Terms of Services then in effect.
7. ITG's date and time of receipt of this Form shall be determined based on the date and time a legible copy of this Form, as properly executed, is received by quickpay@itgtrans.com.

Check One	Summary	QuickPay Fee
☐	**ENROLL**: By making this election, Carrier hereby requests enrollment in ITG's QuickPay Program for processing of Carrier's invoice on the next [non-holiday] business day following receipt, beginning on the Date of Request and subject to the terms and conditions of detailed herein.	3.0%
☐	**UNENROLL**: By making this election, Carrier hereby requests to terminate its enrollment in ITG's QuickPay Program beginning on the Date of Request and subject to the terms and conditions detailed herein.	N/A

CARRIER:

BY:_____

Name:

Title:

****COMPLETED FORM MUST BE EMAILED TO QuickPay@itgtrans.com****