

BUSINESS ACCOUNTS AUTO PAY FORM

*Company Name:	DOT:	Phone #:
*Address: City, State, Zip:		
Owner:	Cell: E	Email:
Owner:	Cell: E	Email:
Billing:	Cell: E	Email:
Safety:	Cell: E	Email:
Operations:	Cell: E	Email:
Operations:	Cell: E	Email:
How many vehicles arein your fleet?		
Do you currently use factoring?		
When does you insurance expire?		
Primary Payment O Credit Card/Debit Card Credit/Debit Card # Expiration Date: CVV: Customer's Signature:	Rout	Debit/Credit Bank Account info ting: Dunt:
Customer's Signature:		Date:
I understand: (please initial)		
My account will be charged automatically at the beginning of each month for the service plan for GPS and/or eLog TrackingMy account will be charged automatically for any equipment financed until paid in fullProrated service fees will apply when service plan is activatedI may cancel at any time but guarantee that unpaid or leased equipment will be returned in good working order before the service can be terminated otherwise equipment will be charged automatically to my accountI am responsible for deactivating any units that are no longer in service before the 25st of the month to avoid service feesA \$20 late fees will automatically apply if payment is unable to be processed withing the first 10 days from the date due.		