



ASSOCIATED
LOGISTICS GROUP

ALG Quick Pay Advantage Form

Company and Banking Information

Company Name: _____

Remit to Address: _____

Email Address _____

Phone #: _____

MC#: _____

Bank Name: _____

Routing Number: _____

Account Number: _____

ALG Quick Pay Advantage Information

- ALG Quick Pay Advantage 4% fee
- Payment submitted 24 hours after Proof of Delivery is received
- ***Copy of voided check must be submitted with this form***
- Send this form, signed, dated and include a voided check to your ALG representative

By submitting this form, I am agreeing and certifying that all information given is true and accurate. I also certify I have the authority to make this request.

Signature: _____ Date: _____

