

ACCOUNT APPLICATION  
AND  
PAYMENT AUTHORIZATION



COMPANY INFORMATION

Company Name \_\_\_\_\_ ("Company")  
Primary Contact \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Accounts Payable Contact \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

ACH PAYMENT

**ACH-AutoPay**  I hereby authorize InXpress to debit my ACH listed below for each invoice presented. Since the payment amount may vary, I will receive written notification of the amount and date of the charge prior to each scheduled transaction date. This authorization is valid until I provide InXpress with a written notice of cancellation. I understand that if ACH funds are not available, my Credit Card on file with InXpress will be charged.

**ACH-Bank Details**  My account will accept ACH withdrawals. ACH returned fee \$25 each.  
Name on Bank Account \_\_\_\_\_ Bank Name \_\_\_\_\_  
Account Number \_\_\_\_\_ Routing Number \_\_\_\_\_  
Bank Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

CREDIT CARD

**ACH-Guarantee**  The following Credit Card may be charged if funds are not available for an ACH Auto Payment.  
Credit Card Number \_\_\_\_\_ Credit Card Type \_\_\_\_\_  
Name on Card \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_  
Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Credit Card Auto-Pay**  I hereby authorize InXpress to bill this Credit Card for each invoice presented.

PAY BY CHECK

Make checks payable to: InXpress LLC. Mail to: InXpress, P.O. Box 709030, Sandy, UT 84070.  
Payments by check authorize InXpress to make a one-time electronic debit from your checking account or to process the check through your bank.

TERMS AND CONDITIONS

The Company authorizes the opening of an account with InXpress and the investigation of references provided. The Company understands that it is ordering services from InXpress as a third-party, bill-to provider and not a transport services company, that InXpress is not a carrier or that InXpress represents any specific carrier, and that the Company will receive discounted billing from InXpress for services provided from one or more carriers. The Company acknowledges that they have read and will abide by, and be subject to, the Terms and Conditions of InXpress, which are available on our website at [www.us.inxpress.com](http://www.us.inxpress.com) and of each carrier used, which are available on their websites and/or waybills or bills of lading.

The Company understands that any service failures, late freight deliveries or damage claims are handled directly by the carrier. Payment terms to InXpress will not be extended due to pending claim(s). InXpress will not be responsible for goods or materials damaged during shipment.

The Company agrees to payment terms of Net 14-days FROM DATE OF INVOICE except invoices for Duties and Taxes which are due upon receipt. If the invoice isn't paid on time, discounts may be reduced, meaning INVOICE AMOUNTS MAY INCREASE ON ALL INVOICES UNPAID AFTER THE DUE DATE. Also, carrier services may be curtailed until the account is brought current. All costs of collection, including but not limited to reasonable attorney fees if incurred, will also be the responsibility of the Company. Duties and taxes may be invoiced up to 6 months after shipment. Invoice delivery method is via e-mail.

I certify that all the information furnished above is correct, that I have proper authority to sign on behalf of the Company, that the Company is not insolvent and is in good standing.

I have read and agree to all the Terms and Conditions in this Account Application and Payment Authorization.

Authorized Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_