



DY Logistics LLC
8194 W Deer Valley Rd
Suite 101-210
Peoria, AZ 85382
480-612-2211

Carrier Information

Company Legal name: _____
Doing Business As: _____
Physical Address: _____
Mailing Address: _____
Phone Number: _____ Fax Number: _____
US DOT Number: _____ FEIN Number: _____
Motor Carrier Number: _____
Dispatch Contact Name: _____
Dispatch Email Address: _____
Dispatch Phone Number: _____
After Hours Phone Number: _____
Accounts Receivable Contact Name: _____
Accounts Receivable Phone Number: _____
Accounts Receivable Email Address: _____
Number of Trucks: _____ Type of Trucks: _____
States Services: _____

Factoring Information

Are your receivables Factored or Assigned? Yes ___ No ___
If so please fill out the following information:

Name of Factoring Company: _____
Factoring Contact: _____
Factoring Phone: _____
Factoring Email: _____

Carriers Initials _____

Insurance Information

Cargo Insurance

Insurance Company's Name: _____

Company Email: _____

Insurance Company Phone: _____ Fax: _____

Policy Number: _____ Policy Amount _____

General Liability/Auto Insurance

Insurance Company's Name: _____

Company Email: _____

Insurance Company Phone: _____ Fax: _____

Policy Number: _____ Policy Amount _____

DY Logistics, LLC will need to be listed as a certificate holder for the above carrier **Before** the carrier can be dispatched on the current load.

Carrier Invoicing Requirements

All paperwork submitted must include:

1. Carrier Invoice: (only 1 load per invoice)

A. Reference the load/ order number.

C. All charges must be billed on the original invoice revised invoices for additional charges will not be accepted.

2. BOL/POD

A. Must be signed by the shipper, consignee and driver.

B. Must be clearly readable.

3. Accessorial charges:

A. If you are invoicing for detention, the in/out times must be on the BOL/POD and you must have a revised rate confirmation including the detention.

B. Please note, failure to provide all required documentation may result in non-payment until everything has been received.

Paperwork should be e-mailed to payables@dylogisticsllc.com or mailed to

DY Logistics LLC

8194 W Deer Valley Rd

Suite 101-210

Peoria, AZ 85382

Do not send invoices to the booking agent or they will not be processed until received by accounting.

Carriers Initials _____

Payment Options

Quick Pay (30 Day Standard Pay is the default method if nothing is selected)

1 Day – 5% fee with a \$25 minimum will be deducted from the carrier’s agreed gross truck rate. Paperwork received after 3pm Mountain Standard Time will not be processed as received until the following day and paid the next business day. Quick Pay will only be processed when all supporting paperwork is present including signed rate confirmation, bill of lading, packing slips and lumper receipts. In addition, DY Logistics LLC must be able to verify with all receiving parties that there are no potential damages, shortages or chargebacks. **1 Day Quick Pay and payment method must be written on the invoice submitted.**

7 Day Option – 3% fee with a \$25 minimum will be deducted from the carrier’s agreed gross truck rate. Payment will be issued within 7 days of DY Logistics LLC receiving all required paperwork. **7 Day Quick Pay and payment method must be written on the invoice submitted.**

15 Day Option – 1% fee with a \$25 minimum will be deducted from the carrier’s agreed gross truck rate. Payment will be issued within 15 days of DY Logistics LLC receiving all required paperwork. **15 Day Quick Pay and payment method must be written on the invoice submitted.**

30 Day Standard Pay – No Fee. Payment will be issued within 30 days of DY Logistics LLC receiving required paperwork.

Method of Payment (Standard payment method is Check)

Standard Check

ACH deposit

ACH payment can not be completed until the ACH approval form and voided check have been sent back to payables@dylogisticsllc.com.

Carriers Initials _____

ACH Direct Deposit Authorization Agreement

Date: _____

Your Company Name: _____

I (we) hereby authorize DY Logistics LLC to initiate credit entries to the Checking or Savings account indicated below at the depository financial institution named below. I (we) acknowledge that the origination of the ACH transaction to this account must comply with the provisions of the US law.

Bank Name: _____

Branch Location: _____

City: _____ State: _____ Zip: _____

Bank Phone: _____

ACH ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

*****MUST ATTACH VOIDED CHECK*****

Signature: _____ Date: _____

Printed Name: _____

Email address: _____