

HUMMING TRANSPORT LLC

9162 Bur Oak Circle El Paso TX 79907

Office#: 915-312-0350

After Hours#: 915-247-8565



Electronic Payment Trading Partner Enrollment Form

Complete this form and send it to Ahmad Abbas: abbas@hummingtransport.com
For Questions/Inquiries: Phone: 915-247-8565 Complete a separate signed enrollment form for each address to ensure proper remittance of your payments. Your Company Name; Your Financial Institution.

Carrier Information:

Carrier Name: _____

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Number: _____

Financial Person to Contact: _____ Telephone: _____

Email: _____

MC#: _____ USDOT#: _____

Truck#: _____ Trailer #: _____

VIN#: _____ VIN#: _____

Please Send Your Tractor - Trailer - W-9 and Cargo Insurance over Email

abbas@hummingtransport.com



Direct Deposit Authorization

Summar Financial LLC is a leading provider of payment processing services to freight brokers and third party logistics providers nationwide. Once you complete, sign and return this authorization, freight payments scheduled with any of one of our partners will be sent via direct deposit FREE OF CHARGE. Unless you select a Quick Pay option on your rate agreement, you will receive payment on normal terms.

PLEASE FAX THIS AUTHORIZATION TO (305) 675-0241

Carrier Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Contact Name: _____ Email: _____
Bank Name: _____
City: _____ State: _____ Zip: _____
Phone: _____
ABA Routing No: _____
Account No: _____

Certification and Acknowledgement:

I certify that the above named bank account is a business checking account, and authorize Summar to transfer funds into it on behalf of its partners. I hold Summar harmless for any occurrence relating to the transfer of funds, including delay or non-delivery. I authorize the bank to honor credits from Summar and debits payable to Summar as adjustments to any default, overpayment or error to or from the bank. These debits and credits may be done via Automated Clearinghouse ("ACH") or any other electronic clearinghouse or system. This authorization will remain in effect until revoked in writing to Summar.

Print Name Title

Signature Date

**ATTACH COPY OF VOIDED CHECK HERE
(REQUIRED)**



Payment Options

Billing Information	Required Paperwork
Summar Financial, LLC 2299 SW 27 th Ave Miami, FL 33145 Phone: 1-866-561-6497	Invoice Referencing Load Number Signed Rate Confirmation Signed Bills of Lading (BOL) Load/ Unload Receipts (Lumper) Any Other Accompanying Paperwork

Please indicate which of the following payment terms you would like to be set up with. Your selection will remain as your permanent payment term until we are notified in writing that you would like your term changed. If this form is not filled out, signed, and returned your payment terms will default to 30 days.

Fuel Advances:

_____ Yes - 50% with a fee of \$25 _____ No

Please select one of the following funding options:

_____ 1 Day - 3% - Service Charge will be deducted from the gross rate. Your payment will be processed within 24 hours from receiving the required paperwork.

_____ 30 Days - No Fees- Payment processed after 30 Days from receiving the required paperwork.

_____ Pay my Factoring Company. I factor with _____.

Issue Payment By:

_____ ACH Direct Deposit - I understand that by selecting the ACH Direct Deposit option that deposits will not be available until the next business day.

Company Name: _____ MC#/USDOT#: _____

Name: _____ Signature: _____

Title: _____ Date: _____

