



Carrier Payment Information (in addition to W-9)
All fields are required to be completed, unless otherwise noted.

New Vendor Existing Vendor

1. General Information:

Name of Person Completing this Form: _____ Business Name: _____ Payment Address: _____
(Individual name if sole proprietor) (If Factored, Factoring Agent Address)

Email of Person Completing this Form: _____ Factoring Agent Name: _____ (Street)
(If applicable) _____
Payment Contact: _____ Business Phone: _____ (City, State, Zip)

MC # or DOT #: _____

2. Payment Preference and Information:

How will settlements be made (check one): Factoring Agent Direct Deposit* Check

* If Direct Deposit is checked, complete the attached Vendor Direct Deposit Enrollment Form

Email address to receive your settlement information? _____
(Email address)

Are you requesting Quick Pay**? Yes No

**If you elect Quick Pay, please email invoices and all required documents to "qpdocs@jbhunt.com".
A fixed 3% processing fee for the use of Quick Pay will be deducted for each final settlement.

3. Cash Advances:

All approved Carriers are eligible for cash advances. If you do NOT want to receive cash advances, check here:

I do NOT want cash advances.

Each Cash Advance will incur a fee of \$10.00. In the event a Cash Advance is issued and there is not enough PTE to cover it, a credit will be placed on your account.

4. Certification Status:

To be considered eligible, a firm must be 51% owned and controlled by the selected category and certified by the designated agency (check all that apply):

- 8(a) Business Development Program (BD)
- CAMSC Certified Supplier
- Disability-Owned Business Enterprise (DOBE)
- Economically Disadvantaged Women-Owned Small Business (EDWOSB)
- Historically Underutilized Business Zone (HUBZone)
- LGBTQ+ Owned Business
- Women's Business Enterprise (WBE)
- Women-Owned Small Business (WOSB)
- Minority Business Enterprise (MBE)
 - Asian and Other Pacific American-Owned Business
 - Subcontinent Asian American-Owned Business
 - Black and African American-Owned Business
 - Hispanic American-Owned Business
 - Native American and Alaskan Native-Owned Business
- Service-Disabled Veteran-Owned Small Business (SDVOSB)
- Veteran-Owned Small Business (VOSB)

Name of certifying agency, if applicable: _____



Carrier Direct Deposit Enrollment Form

All fields are required to be completed.

Business Name:

MC # or DOT #:

Checking Account

Savings Account

Transit / Routing Number:

Account Number:

Bank Name:

Bank Phone:

Bank Address:

(Street)

Signature:

Date:

(City, State, Zip)

PLEASE READ CAREFULLY:

- For enrollment/change of checking account, you must attach a voided check that includes your bank account and nine-digit transit number.
- For enrollment/change of savings account, you must attach a form from your bank showing your savings account number and nine-digit transit number.
- Designated amounts will usually be posted to your account within 48 hours of transmission depending on your bank's posting procedures.
- J.B. Hunt Transport Inc. cannot be responsible for overdrafts incurred before funds are deposited.
- Changes to direct deposit accounts may not necessarily take effect on your next settlement.

ATTACHED VOIDED CHECK HERE