

XFactors Financial Inc

Broker Factoring Settlement

Date: _____ Broker Company Name: _____

I have confirmed proper receipt of this freight (sign here): _____

I have notified payer that the invoice will be factored w/ XFactors (initial here): _____

Broker Load Number: _____

Carrier Company Name: _____ MC# _____

Shipper/Payer: _____

Total Invoice Amount: \$ _____

XFactors 5% Fee: \$ _____

XFactors Other Fees: \$ _____

XFactors Wire/ComCheck Fees: \$ _____

Carrier Pay amount: \$ _____

Broker Pay Amount: \$ _____ ***amount remaining***

Date and Carrier pay method:

Broker must include all original paperwork, this form, W-9 of carrier, cargo insurance of carrier, and details necessary to pay carrier

Wire Transfer Fee (per transaction)	\$25
Comdata ComCheck (maximum \$500 net)	\$28
Overnight Check	\$30
Canadian receivables (extra fee)	\$30

OVERNIGHT MAIL ADDRESS

XFactors Financial Inc 1940 NW Copper Oaks Circle, Blue Springs, MO 64015

PO Box 963 ~ Blue Springs, MO 64013

Missouri Office: (816) 220-1700

Rhode Island/MA Office: (774) 230-0003

Fax (816) 220-1766

BS-101 10/22/09