

IMMEDIATE PAY – FAQ

How does this program work?

With Immediate Pay, payments issued to you for glass invoices processed by Safelite Solutions will be paid via EFT, and released within 5 business days of acceptance. A 2% fee will be deducted from the total paid.

What do you mean by ‘acceptance’ of my invoice?

There is a review process that takes place any time Safelite receives an auto glass invoice. Invoices which are billed correctly are accepted and cleared for processing.

Does this agreement affect my status with Safelite in any other way?

No – to be clear, this is not a Network Agreement. Shops seeking to join the Safelite Solutions network can find the application here: <https://www.sgcnetwork.com/join.jsp>

Can I participate in the IMMEDIATE PAY program if my shop is a network member/non-member?

Yes – this program is available for both members and non-member shops.

Does this program require that I receive payments via EFT?

Yes.

If I have an EFT account, can Safelite deduct funds directly from my account?

No – EFT only allows for the depositing of payments to your bank. Safelite cannot remove money, nor view the details of your bank statement.

What if I try the program and don’t like it?

The agreement requires that you provide a written request for release 10 days prior to being removed from the program.

How will I be made aware of the electronic payments issued to my bank?

A remittance notice will be issued to your email address each time a payment is released. Also, you may track the payments via your SGCNetwork.com account.

If I have questions about a payment, who should I contact?

Please contact our Shop Care team for any questions about a payment. You can reach them at ShopCare@safelite.com or 614 602-2120.

For questions about the Immediate Pay program itself, please contact us at SGCNetworkHelp@safelite.com .

Okay! I’ve filled out the EFT Form, attached a Voided Check and signed the Immediate Pay Agreement.

Where should I send the forms?

You can fax the forms to [614-932-3222](tel:614-932-3222) or email a scanned copy to SGCNetworkHelp@safelite.com .

Thank you,

- SGC Network Team

Special Immediate Pay Agreement

This Immediate Pay Agreement made to be effective as of _____, by and between Safelite Solutions LLC, a Delaware limited liability company (hereinafter "Safelite"); and _____ (legal name of shop), a _____ (state) _____ (form of business) (hereinafter "Shop").

WHEREAS, Safelite serves as a third party administrator for various insurance and fleet companies, and makes disbursements to motor vehicle glass shops for vehicle glass claims; and

WHEREAS, Shop is a motor vehicle glass shop that, from time to time, receives vehicle glass claims payments from insurance and fleet companies; and

WHEREAS, Shop desires to participate in Safelite's immediate payment program on the terms and subject to the conditions set forth herein;

NOW, THEREFORE, in consideration of the mutual promises and covenants contained herein, Safelite and Shop, intending to be legally bound, hereby agree as follows:

Safelite will notify Shop in advance or at the time of a vehicle glass claim the amounts that will be paid by each insurance or fleet customer. After work is completed, Shop agrees to promptly submit invoices to Safelite using the pricing communicated by Safelite.

After the processing of an acceptable invoice, Safelite will disburse to Shop, via electronic funds transfer (EFT), payment of the invoice amount less 2.0%, which amount shall be retained by Safelite as a fee in exchange for the expedited payment. Payment to the Shop's bank account will be deposited within 5 business days (excluding bank holidays) after receipt of the acceptable invoice. No fee will apply to payments deposited after 5 business days (excluding bank holidays).

Safelite reserves the rights to recover any payments made to shop that are duplicate and/or erroneous in nature.

This Agreement shall continue in effect until terminated by either party upon ten (10) days prior written to the other.

Acknowledged and agreed to:

SAFELITE:

SHOP:

By: _____
Thomas M Reid, Director

By: _____
(Signature)

Safelite Solutions
7400 Safelite Way
Columbus, Ohio 43235
614-210-9541

Name: _____
(Please Print or Type)

Shop Name: _____
Address: _____
City, ST, Zip: _____
Phone: _____



**SAFELITE SOLUTIONS IMMEDIATE PAY
EFT PAYMENT AUTHORIZATION**

By signing this application:

1. I authorize Safelite Solutions to initiate electronic payment orders to the business account listed below.
2. I agree to notify Safelite Solutions in writing of any changes to the EFT account, or the closing of this account.
3. I agree to the terms and conditions of the Safelite Solutions EFT program.

Company Name _____ Shop # _____
 Street Address _____
 City/State/Zip _____ State _____ Zip _____
 Contact Name _____ Title _____
 Contact Phone _____ Contact Fax _____
 E-Mail Address _____

TYPE OF CHANGE	ADD _____	CHANGE _____	DELETE _____
-----------------------	-----------	--------------	--------------

BANKING INFORMATION:

Bank Name _____
 Bank ABA # _____ - _____ - _____ (9-digit Bank Routing/Transit #)
 Account Name _____
 Bank A/C # _____

Please attach a copy of a voided check from this account for verification purposes.
--

*Signature _____ (must be owner or corp. officer)

*Printed Name _____ Federal Tax ID _____

To apply for Safelite Solutions EFT participation, SIGN the Immediate Pay Agreement, fill out this application and enclose a voided sample check. Email or fax all three items to:

[**SGCNetworkHelp@Safelite.com**](mailto:SGCNetworkHelp@Safelite.com)

Fax: 614-932-3222

Safelite Solutions Network / Attention: Contract Management Dept.

PO Box 182277

Columbus, OH 43218-2277

Revised 2015

For Internal Use Only

Shop/Parent # _____	Vendor # _____
Authorized By _____	Date _____



**SAFELITE SOLUTIONS IMMEDIATE PAY
EFT PAYMENT AUTHORIZATION**

Please tape a copy of a voided check in the space provided below.

****If you do not have access to checks, you may attach a counter check from the bank or substitute a letter from the bank which contains your account information. This document should list your routing and account numbers.***

SGCNetworkHelp@Safelite.com

Fax: 614-932-3222

Safelite Solutions Network / Attention: Contract Management Dept.

PO Box 182277

Columbus, OH 43218-2277