



FordCredit

P.O. Box 542000
Omaha, NE 68154-8000

Date _____

Subject: Combined Billing Authorization

In response to your request, please find the required authorization form for combined monthly billing of your accounts. To assist you in completing the authorization form, please use the following steps:

- Step 1 Identify whether you would like to:
 - Create a new Combined Billing. Desired payment due date: _____
 - Include additional vehicles on existing Combined Billing Customer #: _____
- Step 2 List all of the accounts you wish to be included on the Combined Billing. If you have more accounts than the space provides below, please attach a second page listing the account numbers and appropriate Co-buyer/Guarantor signatures. Accounts with different finance companies (i.e. Ford Credit, Ford Credit Bank, etc) can not be combined.
- Step 3 Sign and date the form. Co-buyer/Guarantor signatures are required where appropriate.
- Step 4 Send copy of the authorization form as outlined below:

- Mail** – Mail the completed and signed authorization form to:
Ford Credit, PO Box 542000, Omaha NE 68154-8000
- OR**
- Fax** – Fax the completed and signed authorization form to: (402) 498-6981

To be eligible for Combined Billing, all the identified accounts must have the same payment due date. In the event they do not, we will contact you to either change the due dates or remove the accounts from Combined Billing. Following the verification and any necessary adjustment of your due dates, we will process your billing request. Please note, if you are currently enrolled in Auto Debit (Automatic Payment), this payment method will not be available and will be cancelled upon enrollment into Combined Billing.

At any time you wish to add or remove accounts from your Combined Billing or if you have any questions concerning this authorization, please contact our Customer Service Center (866) 763-5539.

Sincerely,
Ford Credit

COMBINED BILLING AUTHORIZATION

By signing this form, you request and authorize us to bill your requested accounts (as supplemented or amended orally or in writing from time to time) monthly on one billing statement. You understand and agree we will apply your payments against the oldest due amounts first followed by current due amounts in account number order beginning with the lowest numbered account. You understand that any payment made that is less than the current due amount reflected on the billing statement may result in one or more of the accounts reflecting as delinquent and you may be assessed a late charge as provided under the terms of the individual accounts. Except as modified by this Combined Billing Authorization, the terms and conditions of all retail installment and Red Carpet lease contracts will remain in full force and effect in accordance with their provisions.

We may terminate your participation in the Combined Billing program at any time. You may cancel this authorization by contacting us orally or in writing, and your cancellation will be effective five (5) business days after receipt of your request. Upon termination by us or cancellation by you, you will receive separate billing statements for each account.

Account Holder Information

- Account Number _____
Co-Buyer/Guarantor Signature: _____
- Account Number _____
Co-Buyer/Guarantor Signature: _____
- Account Number _____
Co-Buyer/Guarantor Signature: _____
- Account Number _____
Co-Buyer/Guarantor Signature: _____
- Account Number _____
Co-Buyer/Guarantor Signature: _____

Customer Signature _____

Check if additional page(s) attached.