Subject: Combined Billing Authorization

In response to your request, please find the required authorization form for combined 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 provided below, please attach a second page listing the account numbers and appropriate Co-buyer/Guarantor signatures.

Step 3 Sign and date the form. Co-buyer/Guarantor signatures are required where appropriate.

Step 4 Submit the signed authorization form by mail or by fax:

Mail – Mail the completed and signed authorization form to:
Ford Credit PO Box 2400, Edmonton AB T5J 5C7
OR
Fax – Fax the completed and signed authorization form to: (866) 367-3888

To be eligible for Combined Billing, all of the identified accounts must have the same payment due date, the same payment frequency and must be either all retail accounts or all lease accounts. In the event that all eligibility requirements are not met, we will contact you to either change the due dates or remove the accounts from Combined Billing. Following verification and any necessary adjustment to 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 to you and will be cancelled upon enrollment into Combined Billing.

If 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 Centre (877) 636-7346.

Sincerely,
Ford Credit

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**COMBINED BILLING AUTHORIZATION**

By signing this form, you request and authorize your Ford Credit Canada Company ("Ford Credit") accounts (as supplemented or amended orally or in writing from time to time) to be billed on a single billing statement. **Your combined billing payment is to be made payable to Ford Credit.** You understand and agree Ford Credit 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 instalment and Red Carpet lease contracts will remain in full force and effect in accordance with their provisions.

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

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**Account Holder Information**

<table>
<thead>
<tr>
<th>Account Number</th>
<th>Co-Buyer/Guarantor Signature: ______________________</th>
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<tbody>
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**Customer Signature** ______________________

☐ Check if additional page(s) attached