

Lincoln Automotive Financial Services

Commercial Combined Billing and Due Date Change Request for Retail and Lease

Customer Name:	_____		
Primary Billing Address:	_____		
Contact Person:	_____		
Phone #:	_____	Email:	_____

This form allows you to request Ford Credit create a new combined bill, add new accounts to an existing combined bill, or change the due date of an existing combined bill. Indicate your request by selecting the appropriate option below.

Note: Adding multiple accounts into one combined bill requires that the accounts belong to the same customer, have the same primary billing address, and have the same due date.

Please indicate your request by selecting appropriate option(s) below.

1. - I want to create a new combined bill comprised of the accounts listed below. Please change/maintain the due date for each account to the _____ day of each month.
2. - I want to add the accounts listed below to my existing combined billing invoice that has a due date of the _____ day of each month. Please change/maintain the due date for each account to the _____ day of each month. Provide a customer number, account number, or VIN associated with this existing combined bill: _____
3. - I want to change the due date of my existing combined billing invoice that has a due date of the _____ day of each month to the _____ day of each month. Provide a customer number, account number, or VIN associated with this existing combined bill: _____

Attach a list of accounts if additional space is needed.

Account Number or VIN	Account Number or VIN
Account Number or VIN	Account Number or VIN
Account Number or VIN	Account Number or VIN
Account Number or VIN	Account Number or VIN
Account Number or VIN	Account Number or VIN
Account Number or VIN	Account Number or VIN
Account Number or VIN	Account Number or VIN
Account Number or VIN	Account Number or VIN

Send a copy of the completed and signed form by one of the following methods:

- **E-mail** – E-mail to FCODCSU@FORD.COM
- **Fax** – Fax to 1-888-218-6661
- **Mail** – Mail to Lincoln Automotive Financial Services, P.O. Box 689007, Mail Drop 900, Franklin, TN 37068

Customer Signature _____ Date _____
Name _____ Title _____