



PAYMENT REQUEST FORM

Dealer: _____ Requested By: _____ Date: _____

Advance No. _____ Last 6 VIN: _____ Make: _____ Model: _____

Advance No. _____ Last 6 VIN: _____ Make: _____ Model: _____

Advance No. _____ Last 6 VIN: _____ Make: _____ Model: _____

Advance No. _____ Last 6 VIN: _____ Make: _____ Model: _____

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Advance No. _____ Last 6 VIN: _____ Make: _____ Model: _____

Advance No. _____ Last 6 VIN: _____ Make: _____ Model: _____

Advance No. _____ Last 6 VIN: _____ Make: _____ Model: _____

By submitting this form, the undersigned authorizes Dealer's Credit Express, Inc. to debit Payor's bank account to make payment on Payor's Floor Plan Line of Credit Promissory Note in accordance with the terms and conditions of Payor's Dealer Floor Plan Agreement.

Payor's Signature: _____

Please complete this form and email it to us at info@dealerscreditexpress.com or fax it to (903) 793-7385