



ACH Authorization Form

All information on this form is required unless otherwise noted.

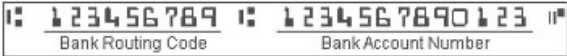
Business Authorized to Debit/Credit Account:

VEHICLE LENDERS GROUP LLC DBA TRUCKLENDERS USA		516-922-7447	
Authorized Business Name	Authorized Business Phone Number		
23 BERRY HILL ROAD	OYSTER BAY	NY	11731
Authorized Business Address	City	ST	Zip

Account Holder Information:

Account Holder Name	Account Holder DBA Name (If Business Account)	Account Holder Phone
Account Holder Address	City	ST Zip

Account Holder's Bank Information:

Account Holder's Bank Name	Branch City	ST	Zip
How to find your Routing and Account Numbers on a check:		<input type="checkbox"/> Business Checking <input type="checkbox"/> Personal Checking <input type="checkbox"/> Savings	
			
Bank Routing Number (9 digits)	Bank Account Number		

Transaction Information:

Goods Purchased/Services Rendered

\$ _____ Effective Date _____

Amount of Transaction

<input type="checkbox"/> One-time	<input type="checkbox"/> Recurring
Rate _____	
No. of Transactions _____ or Open Ended <input type="checkbox"/>	

Authorization:

In exchange for products and/or services listed above the undersigned hereby authorizes:

VEHICLE LENDERS GROUP LLC DBA TRUCKLENDERS USA

to electronically draft via the Automated Clearing House system the amounts indicated above from the account identified above. This authority will continue until withdrawn in writing by the undersigned account holder. The Undersigned hereby certifies that they are duly authorized to execute this form on behalf of the above listed account holder. I acknowledge that I am subject to a \$25 reject fee if items are returned for insufficient funds.

Signature of Account Holder

Name/Title of Account Holder

Date