

BILLING SETUP INFORMATION FORM

| Con | np | any Name: |
|------|-----------------|--|
| | | |
| 1. | BII | L TO INFORMATION (i.e. Accounts Payable) ALL REQUIRED INFORMATION |
| | P/ | O Required (Circle) Yes / No |
| | Cit A/ A/ | P Contact Email: |
| | | Guarantor Contact Information: |
| | | Name: Phone Number: Email: |
| 2. 1 | PA | YMENT PREFERENCE (Select Your Preference Below) |
| [| | Option 1: ACH Payments |
| | | Make payments via ACH (electronic payment) |
| | | (If selected, send setup form to: accounting@enterprisemotors.com) |
| 1 | | Option 2: Check |
| | | Remittance Address: Enterprise Truck Rental 2555 Pellissier Place Whittier, CA 90601 |