



Consolidated Billing Request- Customer Information Form

Customer Name: _____ Federal Tax ID# _____

Form of Business (Check One):

Proprietorship: Partnership: LLP: LLC: Corporation: Municipality: Trust:

Individual: Association: Non Profit: Other (Specify _____)

Street Address: _____ City: _____ State: _____ Zip: _____

County: _____ Contact Person: _____

Telephone: _____ Fax: _____

Primary Billing Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Preferred Monthly Payment Due Date: _____

Garaging Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Other Garaging Address(s) (if multiple, include Ally Financial Inc. account numbers at each location):

Return Completed Form to:

Ally Financial Inc.,
Commercial Group
12850 Gran Bay Parkway West
Jacksonville, FL 32258

Fax (904) 886-5202
Phone (866) 718-8019