

This is New AutoPay Request Change to existing information

SECTION 1: DELL BUSINESS CREDIT ACCOUNT INFORMATION

Name on the Bank Account to be debited (must match name of the Business): _____

Dell Business Credit Account Number:

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Contact Name: _____ Phone: _____

Email Address: _____ Fax #: _____

SECTION 2: BANKING INFORMATION

The bank account must be a commercial account. If your business uses a non-commercial bank account or if the name on the account differs from that of the company, please contact Customer Service at US_DFS_Customer_Experience@dell.com or 877-577-3355.

Bank Name: _____ Phone: _____

Bank Routing Number:

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 (example below for location of numbers on voided check)

Bank Account Number:

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E-mail Address: _____ (Please complete if you would like to receive an e-mail notification to confirm AutoPay set-up)

SECTION 3: PAYMENT AMOUNT

Check the monthly payment amount you would like debited from your bank account each month.

Minimum Payment Due

Specific Amount: \$

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 (We will automatically deduct the Minimum Payment Due if it is more than the amount specified.) To pay an additional amount, please send the payment as indicated on your monthly statement or contact DFS Customer Service.

SECTION 4: SIGNATURE

This AutoPay service is established solely for your convenience and is offered at no additional cost to you. You authorize Dell Financial Services, LLC, it's agents and assigns (collectively 'DFS'), to initiate debit entries in the bank account identified above for amounts due and owing under the Dell Business Credit agreement. You represent and warrant to DFS that the above account is a commercial account established in connection with your business and not for personal, family or household purposes. You remain responsible for making payments to DFS if the funds cannot be automatically debited from your bank account. In addition, if funds are not available when a payment is due, you agree to pay DFS any late charges due as well as any expenses incurred for every unsuccessful debit attempt. The transactions made pursuant to this authorization form are initiated through the Automated Clearing House. These services may be cancelled or modified by DFS at any time without notice. THIS AUTHORIZATION WILL REMAIN IN FULL FORCE AND EFFECT UNTIL YOU PROVIDE WRITTEN NOTICE OF ITS CANCELLATION TO DFS SO AS TO AFFORD DFS AND YOUR BANK A REASONABLE OPPORTUNITY TO ACT.

DATED: _____ CUSTOMER NAME: _____

SIGNATURE: _____ PRINTED NAME AND TITLE: _____

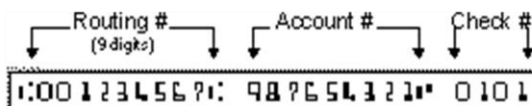
BY MAIL (mail form and voided check):

Dell Business Credit AutoPay
P.O.Box 81577
Austin, TX 78708-1577

BY FAX (fax form and voided check):

Dell Business Credit AutoPay
Customer Service
512-283-1854

Look at the bottom left of your check for the Bank Routing Number and Bank Account Number.



PLEASE INCLUDE A VOIDED BANK CHECK (A photocopy is acceptable)