

A HOLT COMPANY

## **Vendor ACH Information**

Vendor ID	Federal Tax ID#
Vendor Name	
Address	
City	State Zip Code:
	dress
	dress
	Contact Phone #
	Financial Institution Information
***Places ver	rify that all the following information is correct before submitting***
riease vei	my that all the following information is correct before submitting
ACH Routing Transi	it/ABA# Account#
	cking, Saving or Depository)
Account Name	
Bank Name	
Bank Address	t
City	State Zip
Bank Telephone Nu	mber
Name of Person Co	mpleting Form

If you have any questions regarding this form, e-mail AP@texasfirstrentals.com or call 210-304-8676.