



**CREDIT LIMIT/ TERMS CHANGE REQUEST:**

Date: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Account Open Since: \_\_\_\_\_

Current Credit Limit: \_\_\_\_\_ New Credit Limit Requested: \_\_\_\_\_

Reason for Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Terms: \_\_\_\_\_ New Terms Requested: \_\_\_\_\_ Average Days to Pay: \_\_\_\_\_

Reason for Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Change Requested by:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you for your request, all information will be reviewed by the credit manager and a credit report may be used to make a determination. You will be notified of the decision following the review.*

Reviewed By:

Print Name: \_\_\_\_\_

Approve:

Deny:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_