

CREDIT INFORMATION CORPORATION
BILLING AND COLLECTION

ACTION REQUEST FORM

DATE:
NAME OF ACCESSING ENTITY: **Unicapital Finance and Investments Inc.**
ACCOUNT NUMBER: **652002000222**

TYPE OF REQUEST

☐

 Increase/Decrease in Access Limit

from: _____ to: _____

☐

 Increase/Decrease in Advance Payment

from: _____ to: _____

☐

 Reactivation

☐

 Deactivation

☐

 Reconciliation of Account

☐

 Billing Dispute

☐

 Update of Billing and Collection Point Person (BCPP)

Name:

E-mail Address:

Telephone No.

☐

 Other Concern(s):

Requested By:

| FOR CIC'S USE ONLY | | |
|------------------------------|-----------------------|--|
| Processed By: _____ | Reviewed By: _____ | Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> |
| Date: _____ | Date: _____ | By: _____ Date: _____ |
| Remarks: | | |