

CREDIT INFORMATION CORPORATION
BILLING AND COLLECTION

ACTION REQUEST FORM

DATE:
NAME OF ACCESSING ENTITY: DBP Leasing Corporation
ACCOUNT NUMBER: 801702000150

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: _____ _____ _____		