

**MEMORANDUM OF AGREEMENT BETWEEN THE CREDIT INFORMATION CORPORATION
AND ACCESSING ENTITY**

Annex "B-1"

**CREDIT INFORMATION CORPORATION
BILLING AND COLLECTION**

ACTION REQUEST FORM

DATE:

NAME OF ACCESSING ENTITY: **Testing Cooperative Bank (Do not Process)**

ACCOUNT NUMBER: **151705000115**

TYPE OF REQUEST	
<input type="checkbox"/>	Increase/Decrease in Access Limit
<input type="checkbox"/>	Increase/Decrease in Advance Payment
<input type="checkbox"/>	Reactivation
<input type="checkbox"/>	Deactivation
<input type="checkbox"/>	Reconciliation of Account
<input type="checkbox"/>	Billing Dispute
<input type="checkbox"/>	Update of Billing and Collection Point Person (BCPP)
Name: _____	
E-mail Address: _____	
Telephone No. _____	
<input type="checkbox"/>	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: _____		