

# Guaranteed Account Review Form

This form is to be completed by the cardholder and a financial institution representative.

Please complete this form if you have an existing guaranteed Collabria credit card and would like to have the account reviewed for a guarantee release.

Please submit form via:

EMAIL

 [credit@collabriafinancial.com](mailto:credit@collabriafinancial.com)

OR

FAX

 1-844-281-8326

<input type="text"/>	<input type="text"/>
Name of Financial Institution	Last Four Digits of Credit Card Account Number
<input type="text"/>	(      )
Cardholder Name	Primary Phone Number
<input type="text"/>	\$ <input type="text"/>
Occupation	Annual Household Income
Housing Situation: <input type="radio"/> Own <input type="radio"/> Rent <input type="radio"/> Lives with Parents <input type="radio"/> Other	\$ <input type="text"/>
	Monthly mortgage or rent payment

If the request to release the guarantee is approved, would the cardholder like to have the account reviewed for a credit limit increase?

Yes  No

Requested limit (Optional)

\$

Willing to accept lower limit?

Yes  No

Applying for a release of guarantee will result in a full credit inquiry on the credit bureau of the primary cardholder. The primary cardholder will receive a letter notifying them of the decision within the next 7-10 business days.

<input checked="" type="checkbox"/>	<input type="text"/>
Signature of Primary Cardholder	Date (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>
Signature of Authorized Financial Institution Representative	Date (DD/MM/YYYY)
<input type="text"/>	
Printed name of Authorized Financial Institution Representative	

## DECISION (To be completed by Collabria Credit Department)

The request to release the guarantee has been:  Approved  Declined

\$

New credit limit (if applicable)

Application number

Credit Analyst

Date (DD/MM/YYYY)