

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 consumer credit card with a credit limit over \$50,000 only (consumer accounts \$50,000 or less are automatically reviewed) or any business credit card with any credit limit and would like to have the account reviewed for a guarantee release.

Please submit form via:

EMAIL

 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="text"/> | <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)