

Credit Limit Change Request

1. Complete all questions on the form below. We cannot process incomplete requests.

Please note: Requests must be signed and dated by a Company Guarantor or Authorized Officer.

2. Please fill out the form below. Be sure to sign and date.

| | | | |
|---------------------------------------|-------|------------------------|-------|
| Company Name | _____ | Account Number | _____ |
| Cardholder Name | _____ | | |
| Current Credit Limit | _____ | Credit Limit Requested | _____ |
| Authorizing Officer* Name | _____ | | |
| Authorizing Officer* Phone # | _____ | | |
| Authorizing Officer* Signature | | Date | _____ |

**The Authorizing Officer is an individual authorized to make account changes on behalf of the company.*

3. Mail the completed form to: - OR - Fax the completed form to:

First Bankcard
Attn: Commercial Card
P.O. Box 2457
Omaha, NE 68103-2457

402-938-5302

4. Please keep a copy for your records & allow up to five business days for processing this request.

(We may request additional information not contained in this form.)

Thank you for the opportunity to serve you.

If there is anything we can do to assist you, please call us at **1.800.819.4249**.

Or, email us at **businessonline@fnni.com**.