



Agency Credit Limit Increase Request

This form is to be completed by an Agency that would like to request an increase to their online shopping credit limit.

Name of Agency: _____ Agency Number: _____

Contact Name: _____ Contact's Position: _____

Contact Email: _____ Contact Number: _____

Address: _____ City: _____ Zip code: _____

Current Credit Limit: _____ New Credit Limit Requested: _____

Briefly describe the reason(s) your Agency needs the increased credit limit:

_____ Agency Signature	_____ Date
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Mail, Fax or email to:

North Texas Food Bank
C/O Karen Reed
4500 South Cockrell Hill Rd
Dallas, TX 75236

214-331-4104(fax)
karenr@ntfb.org
www.ntfb.org

Credit Limit Increase Requests are processed by the 5th of the following month. **We will notify you by email once your request has been reviewed and processed

This section for NTFB use only:

- Current Account Balance: _____
- 6 Month Payment History: _____
- Capacity Building Review Complete
- Monthly Reports Current
- Approved Denied If denied, what is the reason?

Jennifer Mays, Agency Relations Manager