

A-1 Credit for Me Inc
5968 West 20th Ave
Hialeah Florida 33016



First Name: _____ M. _____
Last Name: _____ Acct. # _____
Date: _____ E-mail _____
House # _____ Cell # _____

Authorization to change file **TO** (Orange) 12 Days Processing

Please Sign and Fax this form to our office at **305.362.6144**
Please note that until this form is received in our Office, your file **can not**
be change to Orange

Customer Name: <% Customer.FirstName%> <% Customer.Middlename%>
<% Customer.LastName%>



Signature: _____ Date: _____

Please read the Terms and Conditions of the 12 Days Processing.

I, <% Customer.FirstName%> <% Customer.MiddleName%> <% Customer.LastName%> understand that payments for:
Accounts Deleted or Updated, and Fees from Reports Orders will be processed on the "Due Date" of Invoice or Invoices with
payment information on file if payment is not made or received before or on the "Due Date" . (Customer must check on Invoice for "
Due Date ") **If payment processing date falls on a Sunday or Holiday, payment will be**
processed the prior business day.