



Daniel's Customer Service
Account Service Referral
Customer Accounts
Write CLEARLY and LEGIBLY!

Customer Service Use ONLY:

Log #: _____

Date/Time of Day: _____

Contact From ("Who's calling in?"):	ALL ISSUES REPORTED ON THIS FORM MUST BE REPORTED BASED ON A REQUEST FROM THE CUSTOMER OR SOMEONE THE CUSTOMER HAS PREVIOUSLY AUTHORIZED TO SPEAK ON HIS/HER BEHALF
Daniel's Customer (if different from Caller)	Customer Account Number (if no account, write "None"):
Cell Telephone:	Best Time to Call: <input type="checkbox"/> Preferred
Work Telephone:	Best Time to Call: <input type="checkbox"/> Preferred
Home Telephone	Best Time to Call: <input type="checkbox"/> Preferred
<input type="checkbox"/> Customer is requesting that his/her account be closed Be careful to *NOT* agree to or suggest that closing an account will result in the account being deleted from the credit bureaus	
<input type="checkbox"/> Customer wants an account status letter Verify the customer's address in MAGIX or attach address change form with corrections <input type="checkbox"/> Customer wants letter mailed to address on account <input type="checkbox"/> Customer want letter send to his/her email: _____ <input type="checkbox"/> Customer authorized letter to be sent to a third party: <input type="checkbox"/> Request and receive customer authorization to send letter to third party <input type="checkbox"/> Send letter to: Name: _____ FAX, Email Address, or mailed to: _____ Voice Telephone (follow-up): _____	
<input type="checkbox"/> Customer is disputing credit bureau report or states is victim of fraud Please do *NOT* simply pass along simple/obvious questions or complaints. We do not delete credit bureau reports. We cannot make "goodwill" adjustments. If a customer is complaining that our trade line is wrong or should have been deleted due to age of report *OR* states that he/she is a victim of identity theft, please use this form to refer the matter to SMC Customer Service	
<input type="checkbox"/> Customer wants a replacement credit card <input type="checkbox"/> Borrower <input type="checkbox"/> Co-borrower Verify the customer's address in MAGIX or attach address change form with corrections	
Completed By: Name: _____ Date: _____ Telephone: _____	
Delivery or provide this completed form to SMC Customer Service (310) 665-2111	