

## Central Credit Service Report

Store:	I oday's Date:	
This report form should be used to let SMC Credit OR you have a question OR you just	know when you are happy or unhappy about want to pass along a suggestion.	Central
If this report is in regards to a specific sa possible:	ale or application, please provide as much d	letail as
Application Number:	Date:	
Customer Name:		
If this report is in regards to a specific pewith, please let us know:	erson or persons in Central Credit that you	<u>ı worked</u>
Central Credit Staff:		
I am happy	I am unhappy	
I have question	I have a suggestion	
PLEASE DO NOT FAX THIS FORM TO	CENTRAL CREDIT. FAX DIRECTLY TO (310) 665-2	2151.
You MAY send this form in without signing it this form so that they are aware of the issue	t. If you do sign it, your store manager shoule. Thanks.	d also sign
Submitted by:	Date:	
Store Manager:	Date:	
o:\finance\forms\credit department evaluation.doc	FAX ON DEMAND Docu	ıment #140