

# Credit Limit Worksheet

## Customer Information

- Name: \_\_\_\_\_
- Account Number: \_\_\_\_\_
- Billing Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

## Credit Limit Assessment

1. Current Credit Limit: \$ \_\_\_\_\_
2. Requested Credit Limit: \$ \_\_\_\_\_
3. Annual Income: \$ \_\_\_\_\_
4. Monthly Expenses: \$ \_\_\_\_\_
5. Debt-to-Income Ratio: \_\_\_\_\_ %
6. Current Credit Score: \_\_\_\_\_

## Credit Utilization & Payment History

Category	Amount (\$)
Total Credit Available	_____
Current Credit Usage	_____
Percentage Used (%)	_____
Late Payments (Last 12 Months)	_____
Number of Credit Accounts	_____

## Approval & Review Section

- Approval Status:  Approved /  Denied
- New Credit Limit (if approved): \$ \_\_\_\_\_
- Reason for Decision: \_\_\_\_\_
- Reviewed By: \_\_\_\_\_
- Date of Review: \_\_\_ / \_\_\_ / \_\_\_\_

## Terms & Conditions

By signing below, I acknowledge that the information provided is accurate and authorize the financial institution to review my credit history for evaluation.

Customer Signature: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_\_