TRANS UNION CORPORATION 2 Baldwin Place PO Box 1000 Chester, PA 19022-1000 (800) 888-4213

**Re: Correct Inaccurate Information** 

Dear Cust	Dear Customer Service:						
A review of my credit file reveals the following erroneous or incomplete information:							
This inform	mation is erroneous or incomple	te because:					
I formally request that the following inaccurate items be immediately investigated. They must be removed and replaced with the correct information order to show my true credit history, as these items should not be on by report. By the provisions of 15 USC section 1681I of the Fair Credit Reporting Act of 1970, I request that these items be re-verified and corrected on my record.							
Item No.	Company Name	Account Number	Comments				
Since 30 days from the receipt of this letter is your allotted time under the law to re-verify these entries, it should be understood that failure to do so within that 30 day period constitutes reason to promptly delete or correct the information from/or my file (FCRA 15 USC s1681I(5)(A)).  Also, pursuant to 15 USC s1681i (6)(A) of the Fair Credit Reporting Act, please notify me when the items have been corrected. You may send an updated copy of my credit report to the below address. According to the provisions of 15 USA section 1681j, there should be no charge for this notification.							
Sincerely,							
Signature		D	ate				
Print First I	Name Middle	L	ast				
Social Secu	rity Number						
Birth Date		Age	<del></del>				

EXPERIAN Customer Assistance Department PO Box 2104 Allen, TX 75013-2104 (800) 682-7654

**Re: Correct Inaccurate Information** 

Dear Custo	omer Service:						
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Sincerely,							
Signature			Pate				
Print First N	ame Mid	ddle I	Last				
Social Secur	rity Number						
Birth Date		Age	<u> </u>				

EQUIFAX CREDIT INFORMATION SERVICE (ECIS) PO Box 740241 Atlanta, GA 30374-0241 (800) 685-1111

Birth Date

Re: Correct Inaccurate Information Dear Customer Service: A review of my credit file reveals the following erroneous or incomplete information: This information is erroneous or incomplete because: I formally request that the following inaccurate items be immediately investigated. They must be removed and replaced with the correct information order to show my true credit history, as these items should not be on by report. By the provisions of 15 USC section 1681I of the Fair Credit Reporting Act of 1970, I request that these items be re-verified and corrected on my record. Company Name Account Number Comments Since 30 days from the receipt of this letter is your allotted time under the law to re-verify these entries, it should be understood that failure to do so within that 30 day period constitutes reason to promptly delete or correct the information from/or my file (FCRA 15 USC s1681I(5)(A)). Also, pursuant to 15 USC s1681i (6)(A) of the Fair Credit Reporting Act, please notify me when the items have been corrected. You may send an updated copy of my credit report to the below address. According to the provisions of 15 USA section 1681j, there should be no charge for this notification. Sincerely, Signature Date Print First Name Middle Last Social Security Number

Age

K-LAK CORPORATION PO Box 7033 Wilmington, DE 19803-0033 (888) 690-8161

**Re: Correct Inaccurate Information** 

Dear Custo	mer Service:						
A review of my credit file reveals the following erroneous or incomplete information:							
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removed and items should	quest that the following inaccura d replaced with the correct inform I not be on by report. By the pro ct of 1970, I request that these i	nation order to show my tru ovisions of 15 USC section 1	e credit history, as these 681I of the Fair Credit				
Item No.	Company Name	Account Number	Comments				
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	the provisions of 15 USA section						
Sincerely,							
Signature		D	ate				
Print First N	ame Midd	e L	ast				
Social Secur	ity Number						
Birth Date		Age					