

You have the right to get a free copy of your credit file disclosure, commonly called a credit report, once every 12 months, from each of the nationwide consumer credit reporting companies - Equifax, Experian and Trans Union. For fast access to your free credit report, visit Annual Credit Report website (www.annualcreditreport.com).

The forms below may be completed, copied and mailed, if you prefer to write to request your credit report from the nationwide consumer credit reporting companies. The information on each application is required to process your request and omitted information may cause a delay in processing.

If any inaccurate information is identified, the second set of forms should be completed to document the error and the rationale for removing it from your credit report.

REQUEST FOR CREDIT REPORT

DATE: _____

TRANS UNION
2 BALDWIN PLACE
PO BOX 1000
CHESTER, PA 19022-1000
(800) 680-7289

RE: REQUEST FOR CREDIT REPORT

AS PROVIDED FOR UNDER THE FEDERAL FAIR CREDIT REPORTING ACT, I HEREBY REQUEST THAT YOU SEND ME A FULL DISCLOSURE OF MY CREDIT FILE. THIS SHOULD INCLUDE THE SOURCES OF INFORMATION CONTAINED IN MY FILE, AS WELL AS THE NAME AND ADDRESS OF ANY PERSON OR ORGANIZATION THAT HAS RECEIVED BY CREDIT REPORT IN WRITING, ORALLY, OR BY ANY OTHER MEANS.

I REQUEST THAT YOU PROVIDE ME WITH THIS REPORT FREE OF CHARGE IN ACCORDANCE WITH FEDERAL LAW.

PLEASE FEEL FREE TO CONTACT ME AT THE TELEPHONE NUMBER OR ADDRESS BELOW WITH ANY QUESTION MY MAY HAVE. THANK YOU FOR YOUR PROMPT ATTENTION TO THIS MATTER.

SINCERELY,

SIGNATURE

PRINT YOUR NAME

SOCIAL SECURITY NUMBER

YOUR STREET ADDRESS

BIRTH DATE AND AGE

CITY STATE ZIP

AREA CODE AND TELEPHONE NUMBER

PREVIOUS NAME(S)

PREVIOUS ADDRESS

REQUEST FOR CREDIT REPORT

DATE: _____

EXPERIAN
CUSTOMER ASSISTANCE DEPARTMENT
PO BOX 2104
ALLEN, TEXAS 75013-2104
(877) 903-1009

RE: REQUEST FOR CREDIT REPORT

AS PROVIDED FOR UNDER THE FEDERAL FAIR CREDIT REPORTING ACT, I HEREBY REQUEST THAT YOU SEND ME A FULL DISCLOSURE OF MY CREDIT FILE. THIS SHOULD INCLUDE THE SOURCES OF INFORMATION CONTAINED IN MY FILE, AS WELL AS THE NAME AND ADDRESS OF ANY PERSON OR ORGANIZATION THAT HAS RECEIVED BY CREDIT REPORT IN WRITING, ORALLY, OR BY ANY OTHER MEANS.

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BIRTH DATE AND AGE

CITY STATE ZIP

AREA CODE AND TELEPHONE NUMBER

PREVIOUS NAME(S)

PREVIOUS ADDRESS

REQUEST FOR CREDIT REPORT

DATE: _____

EQUIFAX INFORMATION SERVICE (ECIS)
PO BOX 740241
ATLANTA, GA 30374-0241
(800) 685-1111

RE: REQUEST FOR CREDIT REPORT

AS PROVIDED FOR UNDER THE FEDERAL FAIR CREDIT REPORTING ACT, I HEREBY REQUEST THAT YOU SEND ME A FULL DISCLOSURE OF MY CREDIT FILE. THIS SHOULD INCLUDE THE SOURCES OF INFORMATION CONTAINED IN MY FILE, AS WELL AS THE NAME AND ADDRESS OF ANY PERSON OR ORGANIZATION THAT HAS RECEIVED BY CREDIT REPORT IN WRITING, ORALLY, OR BY ANY OTHER MEANS.

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SIGNATURE

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SOCIAL SECURITY NUMBER

YOUR STREET ADDRESS

BIRTH DATE AND AGE

CITY STATE ZIP

AREA CODE AND TELEPHONE NUMBER

PREVIOUS NAME(S)

PREVIOUS ADDRESS

DATE: _____

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

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.

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

Print First Name Middle Last

Social Security Number

Birth Date Age

DATE: _____

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

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 my 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.

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Signature

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