Credit Report Dispute Form

If you feel there are inaccuracies in your Credit Report, you must contact each of the three major credit reporting agencies in whose report the information appears. Please complete this form and send to the addresses below (as applicable) along with two forms of ID: one copy of a government-issued identification card (such as a driver's license or a state or military ID card); and one copy of a utility bill, bank or insurance statement.

Remember, there is no charge for submitting a dispute. And for your safety, do not include original copies of the documents you use to support your dispute.

1. Print the name and account number of the creditor in question in the Creditor Name/Account Number fields. Check off or clearly print the specific reason for your dispute. (For additional disputes, enter the information on the back of this page.)

Proditor Namo		Account Number	
Dispute Reason(s) Not My Account Paid in Full	Account Status Not Correct	Late Payments	(Approx. Correct Balance)
Creditor Name		Account Number	
Dispute Reason(s)			
Not My Account	Account Status Not Correct	Late Payments	
Paid in Full	Identity Theft	Incorrect Balance ((Approx. Correct Balance)
Other (Explain)			
-	mation below, then sign the form where indicate		t
First Name Jr Sr		Last Date of Birth (MM/DD/YY	YY)///
First Name Jr. Sr. Address	Middle	Last Date of Birth (MM/DD/YY	YY)///
First Name Jr Sr Address City	Middle	Last Date of Birth (MM/DD/YY State	YY)// Zip
First Name Jr Sr Address City Previous Address (if mo City	Middle	Last Date of Birth (MM/DD/YY State State	YY)///
First Name Jr Sr Address City Previous Address (if mo City Telephone Number	Middle ved within the past two years)	Last Date of Birth (MM/DD/YY State State	YY)// Zip Zip
First Name Jr. Address City Previous Address (if mo City Telephone Number Social Security Number	Middle ved within the past two years) (Necessary to Access Your Credit Reports)	Last Date of Birth (MM/DD/YY State State	YY)// Zip Zip
First Name Jr. Address City Previous Address (if mo City Telephone Number Social Security Number	Middle ved within the past two years) (Necessary to Access Your Credit Reports)	Last Date of Birth (MM/DD/YY State State	YY)// Zip Zip
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First Name Jr. Sr. Address City City Previous Address (if modeling to the construction of the construction o	Middle ved within the past two years) (Necessary to Access Your Credit Reports) py for your records. Ther TransUnion, Equifax or Experian, using the apply in your browser window. nsUnion®, 2 Baldwin Place, P.O. Box 2000, p://annualcreditreport.transunion.com/enti uifax®, P.O. Box 740256, Atlanta, GA 3037	Last Date of Birth (MM/DD/YY State State State Date Date Date Date Date Chester, PA 19022, or ry/disputeonline 4, or	YY) / / Zip Zip]

Creditor Name	Account Number
Dispute Reason(s) Not My Account Account Status Not Correct Paid in Full Identity Theft Other (Explain) Identity Theft	Late Payments Incorrect Balance (Approx. Correct Balance)
Creditor Name	Account Number
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Dispute Reason(s) Not My Account Account Status Not Correct Paid in Full Identity Theft Other (Explain)	Incorrect Balance (Approx. Correct Balance)
Creditor Name	Account Number
Dispute Reason(s) Not My Account Account Status Not Correct Paid in Full Identity Theft Other (Explain)	Late Payments Incorrect Balance (Approx. Correct Balance)
Creditor Name	Account Number
Dispute Reason(s) Not My Account Account Status Not Correct Paid in Full Identity Theft Other (Explain)	Late Payments Incorrect Balance (Approx. Correct Balance)