Experian
Opt Out
PO Box 919
Allen, TX 75013

Re: Opt-Out Request

To whom it may concern:

I request to opt out from pre-screened credit and insurance offers and have my name removed from your company's marketing lists. The following information is provided exclusively to facilitate my request.

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
CURRENT MAILING STREET ADDRESS			
CURRENT MAILING CITY / STATE / ZIP			
PRIOR MAILING STREET ADDRESS (IF MOVED IN LAST 6 MONTHS)			
PRIOR MAILING CITY / STATE / ZIP			
SOCIAL SECURITY NUMBER		BIRTH DATE	

Thank you for your prompt attention to my request.

SIGNATURE **DATE**