

CREDIT FILE INVESTIGATION REQUEST FORM

Instructions: To initiate an investigation with Equifax and/or TransUnion, complete and mail this form to the appropriate credit reporting agency. To file a dispute with both credit reporting agencies, use a separate form for each.

TO: **Equifax[®]** **TransUnionSM**
Select only one P.O. Box 740256 P.O. Box 2000
 Atlanta, GA 30374-0256 Chester, PA 19022-2000

FROM: Full Name _____
FIRST MIDDLE MAIDEN/FORMER LAST JR/SR
 Address _____
 City _____ State _____ ZIP _____
 Primary Telephone Number (____) _____ - _____ ext. _____
 Alternate Telephone Number (____) _____ - _____ ext. _____
 E-mail Address _____
 Date of Birth / / Social Security Number _____ - _____ - _____
 M M D D Y Y Y Y
 Signature _____ Date / /
 M M D D Y Y Y Y

SPOUSE: Full Name _____
FIRST MIDDLE MAIDEN/FORMER LAST JR/SR
 Date of Birth / / Social Security Number _____ - _____ - _____
 M M D D Y Y Y Y
 Signature _____ Date / /
 M M D D Y Y Y Y

PLEASE INVESTIGATE THE FOLLOWING INACCURATE ITEM(S) IN MY CREDIT REPORT:

ITEM 1: Company Name _____
 Account Number _____
 Reason For Dispute Not My Account Account Closed Never Paid Late Paid In Full
 In Bankruptcy Paid Before Collection/Charge Off Other
 Description _____

ITEM 2: Company Name _____
 Account Number _____
 Reason For Dispute Not My Account Account Closed Never Paid Late Paid In Full
 In Bankruptcy Paid Before Collection/Charge Off Other
 Description _____

ITEM 3: Company Name _____
 Account Number _____
 Reason For Dispute Not My Account Account Closed Never Paid Late Paid In Full
 In Bankruptcy Paid Before Collection/Charge Off Other
 Description _____

If my report changes after the investigation, or if a consumer statement is added, please send an updated report to the companies who have received my report in the past two years for employment purposes, or in the past six months for any other reason.