

DISPUTE FORM

This Form is being provided as a simplified means of communicating legitimate disputes only. By no means should accurate, valid and verifiable information be disputed.

STEPS TO DISPUTE THE ACCURACY OF ANY ITEM ON YOUR CREDIT REPORT:

PLEASE READ "IMPORTANT INFORMATION"

- Fill out this Dispute Form completely; supply photocopies of all proof of payment and/or documentation.
- If you dispute information from more than one agency, you must dispute the information directly with them.
- If your identifying information differs from the information listed on the credit report. A photocopy of your driver's license, social Security card & a recent utility bill will help the Credit Reporting Agency expedite the reinvestigation.
- Keep a photocopy of all information mailed to the Credit Reporting Agencies for your records.

PLEASE USE A SEPARATE DISPUTE FORM FOR EACH CREDIT REPORTING AGENCY

Last Name _____ First Name _____ Middle Initial _____ Jr, Sr, II, III, IV _____

Address _____ Social Security Number _____

City _____ State _____ Zip Code _____ Date of Birth _____

Previous Address _____ City _____ State _____ Zip _____

DISPUTED ACCOUNT INFORMATION

1. Company Name _____

Account # _____

Not my account _____ Never paid late _____

Included in Bankruptcy _____ Paid in full _____

Other: (please explain) _____

2. Company Name _____

Account # _____

Not my account _____ Never paid late _____

Included in Bankruptcy _____ Paid in full _____

Other: (please explain) _____

3. Company Name _____

Account # _____

Not my account _____ Never paid late _____

Included in Bankruptcy _____ Paid in full _____

Other: (please explain) _____

4. Company Name _____

Account # _____

Not my account _____ Never paid late _____

Included in Bankruptcy _____ Paid in full _____

Other: (please explain) _____

At your request, The Credit Reporting Agency will send the results of the reinvestigation to organizations who have reviewed your credit report within the past 6 months (12 months for Colorado, New York and Maryland residents) and/or employers who have required within the past two years. Please list the organization you would like notified, using the space below.

SIGNATURE _____ DATE _____

Complete this form & mail to Equifax, For Experian & TransUnion please visit their website to file a dispute online.

Experian

www.experian.com/rs/fl3.8.html

PO Box 2002
Allen, TX 75013
888-397-3742

Equifax

Consumer Disputes
PO Box 740256
Atlanta, GA 30374-0256
By Mail Only

TransUnion

www.TransUnion.com
2 Baldwin Place
PO Box 1000
Chester, PA 19022-2000
800-888-4213