

REQUEST FOR CONSUMER 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

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

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

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