You have the right to get a free copy of your credit file disclosure, commonly called a credit report, once every 12 months, from each of the nationwide consumer credit reporting companies - Equifax, Experian and Trans Union. For fast access to your free credit report, visit Annual Credit Report website (www.annualcreditreport.com).

The forms below may be completed, copied and mailed, if you prefer to write to request your credit report from the nationwide consumer credit reporting companies. The information on each application is required to process your request and omitted information may cause a delay in processing.

If any inaccurate information is identified, the second set of forms should be completed to document the error and the rationale for removing it from your credit report.

REQUEST FOR 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 I REQUEST THAT YOU SEND ME A FULL DIS INCLUDE THE SOURCES OF INFORMATION NAME AND ADDRESS OF ANY PERSON OR CREDIT REPORT IN WRITING, ORALLY, OF	CLOSURE OF N CONTAINED ORGANIZATI	MY CREDIT IN MY FILE ON THAT HA	FILE. THIS SHO , AS WELL AS TH	ΙE
I REQUEST THAT YOU PROVIDE ME WITH ACCORDANCE WITH FEDERAL LAW.	THIS REPORT	FREE OF C	HARGE IN	
PLEASE FEEL FREE TO CONTACT ME AT TH WITH ANY QUESTION MY MAY HAVE. THA THIS MATTER.				
SINCERELY,				
SIGNATURE	-	PRINT YOU	R NAME	
SOCIAL SECURITY NUMBER	-	YOUR STRE	ET ADDRESS	
BIRTH DATE AND AGE	-	CITY	STATE	ZIP
AREA CODE AND TELEPHONE NUMBER	-	PREVIOUS	NAME(S)	
		PREVIOUS	ADDRESS	

REQUEST FOR CREDIT REPORT

	DATE:	
EXPERIAN CUSTOMER ASSISTANCE DEPARTMENT PO BOX 2104 ALLEN, TEXAS 75013-2104 (877) 903-1009		
RE: REQUEST FOR CREDIT REPORT		
AS PROVIDED FOR UNDER THE FEDERAL FAIR REQUEST THAT YOU SEND ME A FULL DISCLOSINCLUDE THE SOURCES OF INFORMATION CONNAME AND ADDRESS OF ANY PERSON OR ORG. CREDIT REPORT IN WRITING, ORALLY, OR BY A	URE OF MY CREDIT FILE. THE ITAINED IN MY FILE, AS WE ANIZATION THAT HAS RECI	THIS SHOULD ELL AS THE
I REQUEST THAT YOU PROVIDE ME WITH THIS ACCORDANCE WITH FEDERAL LAW.	REPORT FREE OF CHARGE	IN
PLEASE FEEL FREE TO CONTACT ME AT THE TE WITH ANY QUESTION MY MAY HAVE. THANK Y THIS MATTER.		
SINCERELY,		
SIGNATURE	PRINT YOUR NAME	
SOCIAL SECURITY NUMBER	YOUR STREET ADDI	DECC
SOCIAL SECURITY NUMBER	TOUR STREET ADDI	RE33
BIRTH DATE AND AGE	CITY S	TATE ZIP
AREA CODE AND TELEPHONE NUMBER	PREVIOUS NAME(S))
	PREVIOUS ADDRES	S

REQUEST FOR CREDIT REPORT

	DATE:
EQUIFAX INFORMATION SERVICE (ECIS) PO BOX 740241 ATLANTA, GA 30374-0241 (800) 685-1111	
RE: REQUEST FOR CREDIT REPORT	
AS PROVIDED FOR UNDER THE FEDERAL FAI REQUEST THAT YOU SEND ME A FULL DISCLO INCLUDE THE SOURCES OF INFORMATION CO NAME AND ADDRESS OF ANY PERSON OR OF CREDIT REPORT IN WRITING, ORALLY, OR BY	OSURE OF MY CREDIT FILE. THIS SHOULD ONTAINED IN MY FILE, AS WELL AS THE RGANIZATION THAT HAS RECEIVED BY
I REQUEST THAT YOU PROVIDE ME WITH TH ACCORDANCE WITH FEDERAL LAW.	IS REPORT FREE OF CHARGE IN
PLEASE FEEL FREE TO CONTACT ME AT THE TWITH ANY QUESTION MY MAY HAVE. THANK 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

DATE:					
2 Baldwin PO Box 10	000 PA 19022-1000				
Re: Corre	ect Inaccurate Infor	mation			
Dear Cust	omer Service:				
A review o	of my credit file reveals	the following err	oneous or incom	nplete information:	
This inform	nation is erroneous or	incomplete becau	se:		
removed ar items shoul Reporting A	request that the following and replaced with the correlation of the co	ect information orde y the provisions of t these items be re-	er to show my true 15 USC section 16 verified and corre	e credit history, as these 581I of the Fair Credit ected on my record.	
Item No.	Company Name	AC	count Number	Comments	
entries, it s promptly de Also, pursu items have	elete or correct the inforn ant to 15 USC s1681i (6) been corrected. You ma	failure to do so with mation from/or my f (A) of the Fair Cred y send an updated	thin that 30 day pile (FCRA 15 USC) it Reporting Act, p copy of my credit	eriod constitutes reason to	
Sincerely,					
Signature					
Signature Print First N	Name	Middle	La	est	
Print First N	Name Irity Number	Middle	La	nst	

DATE:		-		
EXPERIAN Customer A PO Box 210 Allen, TX 7 (800) 682-	5013-2104			
Re: Corre	ct Inaccurate Informa	ation		
Dear Custo	mer Service:			
A review of	my credit file reveals th	ne following erroneous o	r incomplete information:	
This inform	ation is erroneous or inc	complete because:		
removed and items should	d replaced with the correct I not be on by report. By t	information order to show he provisions of 15 USC se	ntely investigated. They must my true credit history, as the ection 1681I of the Fair Credit and corrected on my record.	ese
Item No.	Company Name	Account Nui	mber Comments	
entries, it sh		ilure to do so within that 3	under the law to re-verify the 10 day period constitutes reas 15 USC s1681I(5)(A)).	
items have l	peen corrected. You may s	end an updated copy of m	ng Act, please notify me whe y credit report to the below a I be no charge for this notific	iddress.
Sincerely,				
Signature				
Print First Na	ame	Middle	Last	
Social Secur	ity Number			

DATE:		_			
PO Box 74	GA 30374-0241	SERVICE (ECIS)			
Re: Corr	ect Inaccurate Inforn	nation			
Dear Cust	comer Service:				
A review o	of my credit file reveals	the following error	neous or incom	nplete information:	
This inform	mation is erroneous or i	ncomplete because	2:		
removed a items shou	request that the following ind replaced with the correduced with the correduced has been by report. By Act of 1970, I request that Company Name	ct information order the provisions of 15 these items be re-v	to show my true USC section 16	e credit history, as these 581I of the Fair Credit	
					_
					_
entries, it s promptly d Also, pursu items have	elete or correct the inform ant to 15 USC s1681i (6)(be been corrected. You may	failure to do so with ation from/or my file A) of the Fair Credit send an updated co	in that 30 day portion in that 30 day portion in the control of th	eriod constitutes reason to s1681I(5)(A)).	
Sincerely,					
Signature					
Print First I	Name	Middle	1 -	 nst	
			Lā		
Social Secu	urity Number		La		

DATE:			
PO Box 70	n, DE 19803-0033		
Re: Corre	ect Inaccurate Informat	ion	
Dear Custo	omer Service:		
A review o	of my credit file reveals the	e following erroneous or inco	omplete information:
This inforn	nation is erroneous or inco	mplete because:	
removed ar items shoul	nd replaced with the correct in d not be on by report. By the	ccurate items be immediately information order to show my to provisions of 15 USC section ese items be re-verified and co	rue credit history, as these 1681I of the Fair Credit
entries, it s promptly de Also, pursua items have	hould be understood that fail elete or correct the information ant to 15 USC s1681i (6)(A) been corrected. You may se	tter is your allotted time under ure to do so within that 30 day on from/or my file (FCRA 15 US of the Fair Credit Reporting Ac nd an updated copy of my cred ection 1681j, there should be n	period constitutes reason to SC s1681I(5)(A)). t, please notify me when the dit report to the below address.
Sincerely,			
Signature			
Print First N	Jame N	1iddle	Last
Social Secu	rity Number		
		Age	