

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:

1. PLEASE READ "IMPORTANT INFORMATION" ON THE BACK, BEFORE COMPLETING THIS DISPUTE FORM.
2. Fill out this Dispute Form completely; supply photocopies of all proof of payment and/or documentation.
3. If you dispute information from more than one agency, fill out a separate form and dispute the information directly with them.
4. If your identifying information differs from the information listed on the credit report, a photocopy of your driver's license, Social Security card and a recent utility bill will help the Credit Reporting Agency expedite the reinvestigation.
5. Keep a photocopy of all information mailed to the Credit Reporting Agencies for your records.
6. Sign and mail directly to the Credit Reporting Agency who reported the information. The addresses are listed at the bottom of this form.

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 Code _____

DISPUTED ACCOUNT INFORMATION

Please read "IMPORTANT INFORMATION" on the back, before completing this dispute form.

1. 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) _____

2. 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 inquired within the past two years. Please list the organizations you would like notified, using the space below.

Signature _____ Date _____

Complete this form and mail or fax to the Credit Reporting Agency that reported the information.

Experian National
Consumer Assistance Center
800-567-5470 Tell Operator
"This is a Consumer Review
Service Report".

Equifax
Consumer Disputes
P.O. Box 740256
Atlanta, GA 30374-0256
By Mail Only

TransUnion
2 Baldwin Place
P.O. Box 1000
Chester, PA 19022
800-888-4213
Fax 714-447-6032