



Credit Bureau Dispute Form

Please complete this form in its entirety.

Full Name _____	Social Security Number _____
Address _____	Driver's License Number _____
City, State, ZIP _____	Driver's License State _____
Place of Employment _____	Home Phone _____
Date of Birth _____	Work Phone _____

TG reports to the three national credit bureaus listed below. Please mark which bureau's report you are disputing:

Experian/TRW
 CSC/Equifax
 Sarma/Transunion

Account number(s) as listed on credit report _____

PLEASE PROVIDE A COPY OF THE CREDIT REPORT THAT SUPPORTS YOUR DISPUTE.

Please check the appropriate box(es) which best describes the information you believe to be incorrect:

Balance: Reported As \$ _____ Should Be \$ _____

Account Paid Off

Payment: Not Reported

List payment dates (provide cancelled check copy)

Not Past Due

Last Payment Date _____

Credit Status Incorrect: Reported As _____ Should Be _____

Not My Loan

Other: (describe below)

Provide as many details as you can, accompanied with appropriate documentation to support your dispute:

If your dispute is based on possible fraud, please provide a copy of your driver's license and social security card.

I state under penalty of perjury that the statements I have made on this request are true and accurate to the best of my knowledge.

Signature _____ **Date** _____

Return this form and the supporting documents to:

TG Collections
P.O. Box 83100
Round Rock, TX 78683-3100