

Credit Report Dispute Form

Simply fill in the form, sign your name, include a copy of the page of your credit report that you are disputing and any documentation (see below), then mail the form to us at the address listed below.

Contact Information

Name: _____ Birth Date _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Phone: _____
(Required)

Dispute Information

Account Number: _____ Type of Account: CARD

First Name on Account: _____

This information on the Credit Report is inaccurate because:

- ☐ This is not my account.
- ☐ I am a victim of identity theft.
- ☐ I have never paid late.
- ☐ This account is in bankruptcy.
- ☐ This account is closed.
- ☐ I have paid this account in full.
- ☐ I paid this before it went to collection or before it was charged off.
- ☐ Other: _____

Have you previously made this dispute: YES / NO

If yes, please explain: _____

Signature: _____ Date: _____

***Please include a copy of the page of your credit report that contains the item you are disputing.
DO NOT SEND YOUR ENTIRE CREDIT REPORT***

Documentation

Please include **photocopies** of documentation you may have that supports your dispute. Some examples are:

- *For a bankruptcy: Chapter 7, 11, or 13 case number, district, and date filed*
- *For a divorce: divorce agreement or other document showing the division of assets*
- *For identity theft: police report and/or affidavit(s)*
- *Cancelled checks*
- *Correspondence about the account*
- *If you have spoken to us about the account, the name of the Commerce employee and date of the conversation*
- *If you are disputing account ownership: a copy of state-issued ID or Social Security card with Social Security Number*

Mail

Credit Bureau Dispute Representative
3930 S. 147th St. Ste. 200
Omaha, NE 68144
Fax#: 402-691-7839