

Experian Canada Credit Report Request Form

Please print – all requ	ired information must be submitted	Date:///		
Consumer information	Consumer's full name: (First)	(Middle)	(Last)	
	Current mailing address			
	City	Province		Postal Code
	Previous address within the past two years			
	City // Date of birth (mm/dd/yyyy)	Province	Insurance number*	Postal Code
	Deutine telenhone number			······································
	Day time telephone numberAuthorized signature (required)* While your Social Insurance number is not required, it will help further verify your identity.			
Required Documentation	 Experian Canada also requires plidentification. Together, these cor Your name Current address Date of birth Signature 			personal
Contact Information	You may fax your request to Experian Canada's Credit Report Request Department at 1 800 646 5876 or mail your request to:			
	Experian Canada, Inc . 150 King Street West Suite 805 P.O. Box 68 Toronto, Ontario M5	H-1J9		
Expedited report option	To receive an expedited credit report for a \$15 fee, fill out the form below or send a money order and specify what the charges should cover. There is a two to four business day delivery time for most provinces and an eight business day delivery time for northern territories.			
	Account holder's name:			
	Billing address			
	Circle one (accepted cards):	MasterCard VISA	American Ex	press
	Card number		Expiration date	