CREDIT FILE INVESTIGATION REQUEST FORM

Instructions: To initiate an investigation, complete and mail this form to the appropriate credit reporting agency. To file a dispute with more than one credit reporting agency, use a separate form for each agency. □ Equifax[®] ☐ TransUnionSM **Experian®** TO: P.O. Box 2000 P.O. Box 740256 Disputes are not accepted by mail, but you may select only one file a dispute by telephone at (800) 734-4614. Atlanta, GA 30374-0256 Chester, PA 19022-2000 Full Name FROM: Address City _____ State ____ ZIP ____ Primary Telephone Number (__ _ _) __ _ - _ _ ext. _____ Alternate Telephone Number (__ _ _) __ _ - _ _ _ ext. _____ E-mail Address Date of Birth ___ / _ _ _ Social Security Number _ _ _ - _ - _ _ - _ _ _ _ ______ Date ___/ ___/ ____ Signature SPOUSE: Full Name Date of Birth ___ / _ _ _ Social Security Number _ _ _ - _ - _ _ - _ _ _ _ ______ Date ____/ _______ PLEASE INVESTIGATE THE FOLLOWING INACCURATE ITEM(S) IN MY CREDIT REPORT: ITEM 1: Company Name Account Number Reason For Dispute

Not My Account □ Account Closed ☐ Never Paid Late ☐ Paid In Full □ In Bankruptcy ☐ Paid Before Collection/Charge Off ☐ Other Description _____ ITEM 2: Company Name Account Number ____ ☐ Account Closed ☐ Never Paid Late ☐ Paid In Full Reason For Dispute ☐ Not My Account □ In Bankruptcy ☐ Paid Before Collection/Charge Off ☐ Other Description ITEM 3: Company Name_____ Account Number ☐ Account Closed ☐ Paid In Full Reason For Dispute

Not My Account □ Never Paid Late □ In Bankruptcy ☐ Paid Before Collection/Charge Off □ Other Description _____

[☑] If my report changes after the investigation, or if a consumer statement is added, please send an updated report to the companies who have received my report in the past two years for employment purposes, or in the past six months for any other reason.