

Credit Bureau Services, Inc.  
3503 N. DIXIE HWY  
OAKLAND PARK, FL 33334  
954-561-1400 FAX: 954-567-1441  
EMAIL: [info@credit1400.com](mailto:info@credit1400.com)

**YOU MAY FAX OR EMAIL YOUR REQUEST**

**RESCORE ORDER FORM**

The following must be filled out for all Rescore requests.

Date: \_\_\_\_\_ **CBS File #:** \_\_\_\_\_  
Mtg. Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Requested By: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Borrower Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Co-Borrower Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Once Rescore has been completed would you like CBS to re-pull the file? (circle one) Yes or No**

Creditor Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Select Which Bureaus: EF: \_\_\_ XP: \_\_\_ TU: \_\_\_ - And For Which Person: Borr: \_\_\_ Co-Borr: \_\_\_ Both: \_\_\_  
What Needs Corrected: Delete Lates: \_\_\_ Update Balance: \_\_\_ Delete Account: \_\_\_ Other: \_\_\_\_\_

Creditor Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Select Which Bureaus: EF: \_\_\_ XP: \_\_\_ TU: \_\_\_ - And For Which Person: Borr: \_\_\_ Co-Borr: \_\_\_ Both: \_\_\_  
What Needs Corrected: Delete Lates: \_\_\_ Update Balance: \_\_\_ Delete Account: \_\_\_ Other: \_\_\_\_\_

Creditor Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Select Which Bureaus: EF: \_\_\_ XP: \_\_\_ TU: \_\_\_ - And For Which Person: Borr: \_\_\_ Co-Borr: \_\_\_ Both: \_\_\_  
What Needs Corrected: Delete Lates: \_\_\_ Update Balance: \_\_\_ Delete Account: \_\_\_ Other: \_\_\_\_\_

Creditor Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Select Which Bureaus: EF: \_\_\_ XP: \_\_\_ TU: \_\_\_ - And For Which Person: Borr: \_\_\_ Co-Borr: \_\_\_ Both: \_\_\_  
What Needs Corrected: Delete Lates: \_\_\_ Update Balance: \_\_\_ Delete Account: \_\_\_ Other: \_\_\_\_\_

If you are set-up to pay with a credit card please provide credit card information below.

**I/we understand that CBS cannot estimate, calculate, or confirm how the score will be affected by the Rescore. CBS offers no guarantee that scores will either increase or decrease with this service.**  
*(Does not include the charge for the new file)*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Credit card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV# \_\_\_\_\_

**PLEASE FAX THIS FORM TO 954-561-1400**

Be sure to include the appropriate documentation required to support the Rescore\*