



## Consumer Dispute Form

Include a copy of your driver's license or government –issued ID bearing your signature.

### Personal Information

---

Full Name

---

Aliases or other names

---

Social Security Number

---

Date of Birth

---

Current Address

---

City

---

State

---

Zip

---

Personal Phone

---

E-mail Address

**Next page:** Dispute Details

## Dispute Details

**Attach supporting documents such as:** cancelled checks, court records, correspondence

Disputing:

Applicant Information       Credit Payment Information       Court Records on File

---

---

---

---

---

---

---

---

---

---

## Request a Copy of Your Consumer Report

I would like to request a copy of my consumer report

If your preferred form of communication is email please check this box (please note if you do not respond to email communication within 48 hours you will receive communication via mail)

## Signature

I declare, under penalty of law, that to the best of my knowledge, the information supplied above, and all accompanying information is true and correct.

---

Print Name

---

Date