

# DISPUTE FORM

This Form is being provided as a simplified means of communicating legitimate disputes only. By no means should accurate, valid and verifiable information be disputed.

## STEPS TO DISPUTE THE ACCURACY OF ANY ITEM ON YOUR CREDIT REPORT:

PLEASE READ "IMPORTANT INFORMATION"

- Fill out this Dispute Form completely; supply photocopies of all proof of payment and/or documentation.
- If you dispute information from more than one agency, you must dispute the information directly with them.
- If your identifying information differs from the information listed on the credit report. A photocopy of your driver's license, social Security card & a recent utility bill will help the Credit Reporting Agency expedite the reinvestigation.
- Keep a photocopy of all information mailed to the Credit Reporting Agencies for your records.

## PLEASE USE A SEPARATE DISPUTE FORM FOR EACH CREDIT REPORTING AGENCY

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Jr, Sr, II, III, IV \_\_\_\_\_

Address \_\_\_\_\_ Social Security Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Date of Birth \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## DISPUTED ACCOUNT INFORMATION

1. Company Name \_\_\_\_\_

Account # \_\_\_\_\_

Not my account \_\_\_\_\_ Never paid late \_\_\_\_\_

Included in Bankruptcy \_\_\_\_\_ Paid in full \_\_\_\_\_

Other: (please explain) \_\_\_\_\_

\_\_\_\_\_

2. Company Name \_\_\_\_\_

Account # \_\_\_\_\_

Not my account \_\_\_\_\_ Never paid late \_\_\_\_\_

Included in Bankruptcy \_\_\_\_\_ Paid in full \_\_\_\_\_

Other: (please explain) \_\_\_\_\_

\_\_\_\_\_

3. Company Name \_\_\_\_\_

Account # \_\_\_\_\_

Not my account \_\_\_\_\_ Never paid late \_\_\_\_\_

Included in Bankruptcy \_\_\_\_\_ Paid in full \_\_\_\_\_

Other: (please explain) \_\_\_\_\_

\_\_\_\_\_

4. Company Name \_\_\_\_\_

Account # \_\_\_\_\_

Not my account \_\_\_\_\_ Never paid late \_\_\_\_\_

Included in Bankruptcy \_\_\_\_\_ Paid in full \_\_\_\_\_

Other: (please explain) \_\_\_\_\_

\_\_\_\_\_

At your request, The Credit Reporting Agency will send the results of the reinvestigation to organizations who have reviewed your credit report within the past 6 months (12 months for Colorado, New York and Maryland residents) and/or employers who have required within the past two years. Please list the organization you would like notified, using the space below.

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Complete this form & mail to Equifax, For Experian & TransUnion please visit their website to file a dispute online.

### Experian

[www.experian.com/rs/fl3.8.html](http://www.experian.com/rs/fl3.8.html)  
PO Box 2002  
Allen, TX 75013  
888-397-3742

### Equifax

Consumer Disputes  
PO Box 740256  
Atlanta, GA 30374-0256  
By Mail Only

### TransUnion

[www.TransUnion.com](http://www.TransUnion.com)  
2 Baldwin Place  
PO Box 1000  
Chester, PA 19022-2000  
800-888-4213