

DISPUTE FORM

Use a separate 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 _____ State _____ Zip Code _____

DISPUTED ACCOUNT INFORMATION

1. 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) _____

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 last 6 months and/or employers who have inquired within the past two years. Please list the organizations you would like notified using the space below.

Signature _____

Date _____