



# CONSUMER STATEMENT REQUEST

Please print legibly in blue or black ink.

## SECTION A: Consumer Information

Full Name: First:  Middle:  Last:

(Check one if applicable):  Jr.  Sr. Date of Birth:

Social Security or Individual Tax Identification Number:   
(Include a copy of your SSN or ITIN card)

Full Current Address: (Information will be mailed to this address.)

Street Address:  Apt.#:

City:  State:  Zip:

Phone Numbers: Home () () Work () () Mobile () ()  
(Area code) (Number) (Area code) (Number) (Area code) (Number)

## SECTION B: STATEMENT

You may add a brief 100-word Consumer Statement to append to your file. Per the Fair Credit Reporting Act, as a Consumer Reporting Agency, we must include a summary of your statement in future reports.

**Please include case numbers and dates if applicable.**

I affirm, under penalty of law, that to the best of my knowledge, the information provided above is true and correct.

Signature: \_\_\_\_\_

Printed Name:  Date: