

FORM 7

STATEMENT OF CONSUMER DISPUTE

I dispute the completeness and/or accuracy of a consumer report in the files of the Credit Bureau as revealed to me on _____. In accordance with Section 611 of the Fair Credit Reporting Act, I hereby file a statement of the nature of this dispute, which shall be included in any subsequent consumer report containing the information in question, and if I so indicate below, should be sent to recipients of my report within the previous six months.

1. The disputed portion reads:

2. I maintain that:

3. After recording my dispute, please send notification to the following persons who have received a consumer report concerning me within the previous six months:

1 _____

4 _____

2 _____

5 _____

3 _____

6 _____

Print Name

Street or Mailing Address

Signature

City / State / Zip Code

Social Security Number

Date

Bureau Listings:

EQUIFAX: (800) 685-1111 / PO Box 740256, Atlanta, GA 30348
www.equifax.com or www.econsumer.equifax.com/eise

TRANS UNION: (800) 916-8800 Opt 2 / PO Box 34012 Fullerton, CA 92834
www.transunion.com

EXPERIAN: (888) 397-3742 / PO Box 2104, Allen, TX 75013 (Attn: NCAC)
www.experian.com or www.creditexpert.com