

To dispute any inaccuracies on your Equifax credit report, please send – via U.S. Mail - this form along with copies of the items below in order to verify your information and address. To ensure that your request is processed accurately, please enlarge copies of any items that contain small print (i.e. driver's license, W2 Forms, etc.). Copies that are not legible or contain highlighting may cause us to request that you resubmit your request for clarity. You can also submit disputes online at myequifax.com.

Identification Information

First Name	Last Name	Middle Initial	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Former Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN	Date of Birth		
<input type="text"/>	<input type="text"/>		
	M	M	D D Y Y Y Y

Proof of Identity

(check box for and include a copy of one of the following)

- Social Security Card
- Pay stub with Social Security Number
- W2 or 1099 Form

The item you select must contain your SSN

Proof of Address

(check box for and include a copy of one of the following)

- Driver's license or state identification card
- Rental lease agreement/house deed
- Pay stub with address
- Utility or phone bill (gas, electric, water, cable, mobile)

The item you select must contain your current mailing address

If your identity information differs from the information listed on your credit report, please provide a copy of your driver's license, social security card, or recent utility bill that reflects the correct information.

Complete, Print, and send (via U.S. mail) this form along with the requested documents to the following address:

**Equifax Information Services LLC
P.O. Box 740241
Atlanta, GA 30374**

FRAUD/IDENTITY THEFT VICTIM

Please check this box if you are disputing items on your credit report that you suspect to be fraudulent or a result of identity theft.

If you have a Police Report, FTC Identity Theft Report, or Affidavit of Fraud documenting fraud/identity theft, please include a copy with this request.

Dispute Personal Information (Is any of the information below incorrect on your credit report? If not, leave blank.)

Date of Birth (Which is incorrect?)	Phone Number (Which is incorrect?)
<input type="text"/>	<input type="text"/>
Social Security Number (Which is incorrect?)	Employers (Which are incorrect?)
<input type="text"/>	<input type="text"/>
Names (Which are incorrect?)	
<input type="text"/>	
Addresses (Which are incorrect?)	
<input type="text"/>	



Credit Account Information

Enter the information for accounts or inquiries on your credit report with any inaccuracies. Include correct information (e.g. Balance, payment date) and attach supporting documentation (e.g. account statement, payment confirmation) if applicable. Any documentation provided will be shared with the companies with which the dispute is being made as part of the dispute process.

Company Name		Account Number/Inquiry Date	
DISPUTE 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Reason for Dispute(select the most appropriate option):			
<input type="checkbox"/> Account Not Mine	<input type="checkbox"/> Account Closed	<input type="checkbox"/> Current/Previous Payment Status Incorrect	<input type="checkbox"/> Fraud
<input type="checkbox"/> Account Paid in Full	<input type="checkbox"/> Inquiry Removal	<input type="checkbox"/> Last payment date/Closed Date Incorrect	
<input type="checkbox"/> Mixed with Another Person	<input type="checkbox"/> Not Liable	<input type="checkbox"/> Date of Last Activity Incorrect	
Other (please explain)			
<input type="text"/>			
Dispute Details			
<input type="text"/>			

Company Name		Account Number/Inquiry Date	
DISPUTE 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Reason for Dispute(select the most appropriate option):			
<input type="checkbox"/> Account Not Mine	<input type="checkbox"/> Account Closed	<input type="checkbox"/> Current/Previous Payment Status Incorrect	<input type="checkbox"/> Fraud
<input type="checkbox"/> Account Paid in Full	<input type="checkbox"/> Inquiry Removal	<input type="checkbox"/> Last payment date/Closed Date Incorrect	
<input type="checkbox"/> Mixed with Another Person	<input type="checkbox"/> Not Liable	<input type="checkbox"/> Date of Last Activity Incorrect	
Other (please explain)			
<input type="text"/>			
Dispute Details			
<input type="text"/>			

Company Name		Account Number/Inquiry Date	
DISPUTE 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Reason for Dispute(select the most appropriate option):			
<input type="checkbox"/> Account Not Mine	<input type="checkbox"/> Account Closed	<input type="checkbox"/> Current/Previous Payment Status Incorrect	<input type="checkbox"/> Fraud
<input type="checkbox"/> Account Paid in Full	<input type="checkbox"/> Inquiry Removal	<input type="checkbox"/> Last payment date/Closed Date Incorrect	
<input type="checkbox"/> Mixed with Another Person	<input type="checkbox"/> Not Liable	<input type="checkbox"/> Date of Last Activity Incorrect	
Other (please explain)			
<input type="text"/>			
Dispute Details			
<input type="text"/>			

DISPUTE 4	Company Name	Account Number/Inquiry Date
<input type="checkbox"/> Account Not Mine		<input type="checkbox"/> Account Closed
<input type="checkbox"/> Account Paid in Full		<input type="checkbox"/> Inquiry Removal
<input type="checkbox"/> Mixed with Another Person		<input type="checkbox"/> Not Liable
		<input type="checkbox"/> Current/Previous Payment Status Incorrect
		<input type="checkbox"/> Last payment date/Closed Date Incorrect
		<input type="checkbox"/> Date of Last Activity Incorrect
		<input type="checkbox"/> Fraud
Reason for Dispute(select the most appropriate option):		
Other (please explain)		
Dispute Details		

DISPUTE 5	Company Name	Account Number/Inquiry Date
<input type="checkbox"/> Account Not Mine		<input type="checkbox"/> Account Closed
<input type="checkbox"/> Account Paid in Full		<input type="checkbox"/> Inquiry Removal
<input type="checkbox"/> Mixed with Another Person		<input type="checkbox"/> Not Liable
		<input type="checkbox"/> Current/Previous Payment Status Incorrect
		<input type="checkbox"/> Last payment date/Closed Date Incorrect
		<input type="checkbox"/> Date of Last Activity Incorrect
		<input type="checkbox"/> Fraud
Reason for Dispute(select the most appropriate option):		
Other (please explain)		
Dispute Details		

DISPUTE 6	Company Name	Account Number/Inquiry Date
<input type="checkbox"/> Account Not Mine		<input type="checkbox"/> Account Closed
<input type="checkbox"/> Account Paid in Full		<input type="checkbox"/> Inquiry Removal
<input type="checkbox"/> Mixed with Another Person		<input type="checkbox"/> Not Liable
		<input type="checkbox"/> Current/Previous Payment Status Incorrect
		<input type="checkbox"/> Last payment date/Closed Date Incorrect
		<input type="checkbox"/> Date of Last Activity Incorrect
		<input type="checkbox"/> Fraud
Reason for Dispute(select the most appropriate option):		
Other (please explain)		
Dispute Details		

DISPUTE 7	Company Name	Account Number/Inquiry Date
<input type="checkbox"/> Account Not Mine		<input type="checkbox"/> Account Closed
<input type="checkbox"/> Account Paid in Full		<input type="checkbox"/> Inquiry Removal
<input type="checkbox"/> Mixed with Another Person		<input type="checkbox"/> Not Liable
		<input type="checkbox"/> Current/Previous Payment Status Incorrect
		<input type="checkbox"/> Last payment date/Closed Date Incorrect
		<input type="checkbox"/> Date of Last Activity Incorrect
		<input type="checkbox"/> Fraud
Reason for Dispute(select the most appropriate option):		
Other (please explain)		
Dispute Details		

DISPUTE 8	Company Name	Account Number/Inquiry Date
<input type="checkbox"/> Account Not Mine		<input type="checkbox"/> Account Closed
<input type="checkbox"/> Account Paid in Full		<input type="checkbox"/> Inquiry Removal
<input type="checkbox"/> Mixed with Another Person		<input type="checkbox"/> Not Liable
		<input type="checkbox"/> Current/Previous Payment Status Incorrect
		<input type="checkbox"/> Last payment date/Closed Date Incorrect
		<input type="checkbox"/> Date of Last Activity Incorrect
		<input type="checkbox"/> Fraud
Reason for Dispute(select the most appropriate option):		
Other (please explain)		
Dispute Details		

DISPUTE 9	Company Name	Account Number/Inquiry Date
<input type="checkbox"/> Account Not Mine		<input type="checkbox"/> Account Closed
<input type="checkbox"/> Account Paid in Full		<input type="checkbox"/> Inquiry Removal
<input type="checkbox"/> Mixed with Another Person		<input type="checkbox"/> Not Liable
		<input type="checkbox"/> Current/Previous Payment Status Incorrect
		<input type="checkbox"/> Last payment date/Closed Date Incorrect
		<input type="checkbox"/> Date of Last Activity Incorrect
		<input type="checkbox"/> Fraud
Reason for Dispute(select the most appropriate option):		
Other (please explain)		
Dispute Details		

DISPUTE 10	Company Name	Account Number/Inquiry Date
<input type="checkbox"/> Account Not Mine		<input type="checkbox"/> Account Closed
<input type="checkbox"/> Account Paid in Full		<input type="checkbox"/> Inquiry Removal
<input type="checkbox"/> Mixed with Another Person		<input type="checkbox"/> Not Liabile
		<input type="checkbox"/> Current/Previous Payment Status Incorrect
		<input type="checkbox"/> Last payment date/Closed Date Incorrect
		<input type="checkbox"/> Date of Last Activity Incorrect
<input type="checkbox"/> Fraud		
Reason for Dispute(select the most appropriate option):		
Other (please explain)		
Dispute Details		

DISPUTE 11	Company Name	Account Number/Inquiry Date
<input type="checkbox"/> Account Not Mine		<input type="checkbox"/> Account Closed
<input type="checkbox"/> Account Paid in Full		<input type="checkbox"/> Inquiry Removal
<input type="checkbox"/> Mixed with Another Person		<input type="checkbox"/> Not Liabile
		<input type="checkbox"/> Current/Previous Payment Status Incorrect
		<input type="checkbox"/> Last payment date/Closed Date Incorrect
		<input type="checkbox"/> Date of Last Activity Incorrect
<input type="checkbox"/> Fraud		
Reason for Dispute(select the most appropriate option):		
Other (please explain)		
Dispute Details		

DISPUTE 12	Company Name	Account Number/Inquiry Date
<input type="checkbox"/> Account Not Mine		<input type="checkbox"/> Account Closed
<input type="checkbox"/> Account Paid in Full		<input type="checkbox"/> Inquiry Removal
<input type="checkbox"/> Mixed with Another Person		<input type="checkbox"/> Not Liabile
		<input type="checkbox"/> Current/Previous Payment Status Incorrect
		<input type="checkbox"/> Last payment date/Closed Date Incorrect
		<input type="checkbox"/> Date of Last Activity Incorrect
<input type="checkbox"/> Fraud		
Reason for Dispute(select the most appropriate option):		
Other (please explain)		
Dispute Details		