

EQUIFAX, Inc.
P.O. BOX 740241
ATLANTA, GA 30374

Fee: \$9.00 for single/\$18.00 for joint

Credit File Report Request

____ Please forward a copy of my personal credit file
____ Please forward a copy of our joint personal credit file
____ A check OR ____ money order is enclosed to cover expense
____ I/We were denied credit within the past 30-60 days by: _____

(Name of Firm)
due to information in my/our credit files at your agency. (copy of letter enclosed).
I/We understand a copy of my/our credit report will be sent without charge.

Date: _____ Daytime/message phone () _____

Full Name: _____ Jr., Sr., II, etc. _____

Date of Birth: ____ / ____ / ____ Social Security #: ____ - ____ - _____

Home Telephone Number: _____

Current Address: _____

Mailing Address: _____

City, State, and Zip: _____

Previous Address: _____
(Past 5 Years)

Marital Status: _____

Spouse's Full Name: _____

Spouse's Date of Birth: ____ / ____ / ____

Spouse's Social Security #: ____ - ____ - _____

____ Enclosed is a photocopy of my/our DRIVER'S LICENSE (s), or my/our UTILITY BILL or my/our MILITARY ID.

Signature: _____

Signature: _____