Experian

www.experian.com

If you have been denied credit:

Call 1-888-397-3742, Ext 1 for instructions

Or you may complete our form and mail to the address below.

P.O. Box 2002

Allen, Texas 75013

To Receive a copy of your credit report:

Phone: 1-888-397-3742, Ext 3 for instructions and costs. You may then use the reverse of this form for your request.



Information on

TransUnion and



Equifax on reverse of this page

110 Credit Report Request 032015.doc

TransUnion

www.transunion.com

REQUEST A COPY OF CREDIT REPORT

Phone: 1-800-888-4213

Dispute Information

(once credit report is received)

Phone: 1-800-916-8800

Address: Same for both purposes

PO Box 2000

Chester, PA 19022

EQUIFAX

www.credit.equifax.com

REQUEST A COPY OF CREDIT REPORT

Phone: 1-800-685-1111

Dispute Information

(once credit report is received)

Phone: 1-800-944-1122

Address: Same for both purposes

Equifax

PO Box 105851

Request a Copy of Your Credit Report

You may choose to visit the web site listed within this brochure or you may contact the individual credit reporting agencies.



www.annualcreditreport.com

This central site allows you to request a free credit file disclosure, commonly called a credit report, once every 12 months from each of the nationwide consumer credit reporting companies: Equifax, Experian and TransUnion.

This form and instructions are provided as a courtesy for you by

Crouse Federal Credit Union

730 S Crouse Avenue Syracuse, New York 13210

Phone: 315-470-7928 Fax: 315-470-5633 www.crousefcu.com

✓ If denied cre		ease ask for Adverse A	lividual credit report agencies for co ction form or Proof of Denial from o end and follow up.		
	Credit Reporting Age	ncy			
	Street Address				
To Whom It May Conco	ern: I,	, would lii	ke to request a copy of my credit report.	Enclosed is a copy of identification to show	proof of my
Customer's Name_			Date of Birth	SS#	
	(last)	(first)			
Spouse's Name			Date of Birth	SS #	
	(last)	(first)			
Current Address:			Previous Address (past five yrs.):		
Street			Stree	t	
City/State/Zip			City/State/Zip		
	tification on form or Proof of denial Ilpful information	of credit			
Date	X Signature		X Signature		