

Credit Bureau Dispute Form

Please complete this form in its entirety.

Full Name
Address
City, State, ZIP
Place of Employment
Date of Birth
Social Security Number
Driver's License Number
Driver's License State
Home Phone
Work Phone

TG Reports to the three national credit bureaus listed below. Please mark which bureau's report you are disputing.

Experian/TRW CSC/Equifax Sarma/Transunion

Account number(s) as listed on credit report _____

PLEASE PROVIDE A COPY OF THE CREDIT REPORT THAT SUPPORTS YOUR DISPUTE

Please check the appropriate box(es) which best describes the information you believe to be incorrect:

Balance: Reported As \$ _____ Should Be \$ _____

Account Paid Off

Payment: Not Reported
List payment dates (provide cancelled check copy)

Not Past Due

Last Payment Date _____

Credit Status Incorrect: Reported As _____ Should Be _____

Not My Loan

Other: _____

Signature: _____ **Date:** _____