

Customer Dispute Form

Please complete the following personal information

Name _____
FIRST MIDDLE LAST JR/SR

FILE NUMBER _____

Address _____
NUMBER STREET APT #

CITY STATE ZIP

Social Security _____

Home Phone _____

Date of Birth _____

Employment _____

Signature _____
DATE

Spouse's information and signature are required only when both of you are disputing information.

Name _____
FIRST MIDDLE LAST JR/SR

Social Security _____

Date of Birth _____

Employment _____

Signature _____
DATE

Dispute #1
COMPANY NAME: _____

ACCOUNT # _____

NOT MY ACCOUNT NEVER PAID LATE
 IN BANKRUPTCY PAID IN FULL
 PAID BEFORE COLLECTION/CHARGE OFF
 OTHER _____

Dispute #3
COMPANY NAME: _____

ACCOUNT # _____

NOT MY ACCOUNT NEVER PAID LATE
 IN BANKRUPTCY PAID IN FULL
 PAID BEFORE COLLECTION/CHARGE OFF
 OTHER _____

Dispute #2
COMPANY NAME: _____

ACCOUNT # _____

NOT MY ACCOUNT NEVER PAID LATE
 IN BANKRUPTCY PAID IN FULL
 PAID BEFORE COLLECTION/CHARGE OFF
 OTHER _____

Dispute #4
COMPANY NAME: _____

ACCOUNT # _____

NOT MY ACCOUNT NEVER PAID LATE
 IN BANKRUPTCY PAID IN FULL
 PAID BEFORE COLLECTION/CHARGE OFF
 OTHER _____
