

THE REQUEST LETTER
Fill in the Blanks Request

Address _____

City, ST Zipcode _____

Date _____

Equifax Credit Agency
Disclosure Department
P.O. Box 740241
Atlanta, GA 30374-0241

To Whom It May Concern:

Please mail me a copy of my credit report. I have applied for Credit with several Financial Companies in my area, and was denied credit. I have attached a copy of my North Carolina Drivers License and my Social Security card. Please note my information below to ensure that I receive the correct credit report:

Name: _____
Address: _____
Telephone #: _____
Social Security #: _____
Date of Birth: _____

If any further information is needed please feel free to call me at home most days around _____.

Sincerely,

Sign
Consumer

Print Name