

HOW TO OBTAIN A COPY OF YOUR CREDIT REPORT

Your credit history is on file with one or more credit bureaus. Since each of the credit bureaus collects information from different sources, it is usually a good idea to request at least two credit reports. Georgia law now provides that each calendar year, you may request up to two copies of your credit file from each reporting agency without charge. When requesting your credit report, use the attached credit report request form and always attach at least one form of identification, such as a driver's license.

NEW If you have access to the internet, you should be able to review and print out your credit reports online (at no cost as noted above). Be prepared to answer a few questions about your credit activity to verify your identity. Make sure to print out your online credit report.

I. EQUIFAX, INC.

Mailing address: ECIS
P.O. Box 740241
Atlanta, GA 30374
By phone or fax: 800-685-1111
Online: www.equifax.com

II. EXPERIAN

Mailing address: Experian
P.O. Box 9600
Allen, TX 75013
800-311-4769
www.experian.com

III. TRANS UNION CORP.

Mailing address: Trans Union, LLC
Consumer Disclosure Center
P.O. Box 1000
Chester, PA 19022
800-888-4213
www.transunion.com

ECIS
P.O. Box 740241
Atlanta, GA 30374

Re: Credit report for _____

Dear Sir or Madame:

Please send me a free copy of my credit report as provided for by Georgia law. I have not previously requested a copy of my credit report this calendar year. Kindly send my report to me at my current home address.

The information you will need to process this request is as follows:

1. NAME: _____ 2. Former Name: _____
(last name) (first name) (middle initial)
3. SPOUSE'S NAME: _____
4. CURRENT HOME ADDRESS: _____
5. PREVIOUS HOME ADDRESS: _____
6. SOCIAL SECURITY NUMBER: _____ 7. DATE OF BIRTH: _____
8. DAY-TIME PHONE NUMBER: _____

Thank you very much for your attention to this matter.

Very truly yours,

X _____

Enclosure: personal identification

Experian
P.O. Box 9600
Allen, TX 75013

Re: Credit report for _____

Dear Sir or Madame:

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Very truly yours,

X _____

Enclosure: personal identification

Trans Union, LLC
Consumer Disclosure Center
P.O. Box 1000
Chester, PA 19022

Re: Credit report for _____

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3. SPOUSE'S NAME: _____
4. CURRENT HOME ADDRESS: _____
5. PREVIOUS HOME ADDRESS: _____
6. SOCIAL SECURITY NUMBER: _____ 7. DATE OF BIRTH: _____
8. DAY-TIME PHONE NUMBER: _____ 9. EMPLOYER: _____

Thank you very much for your attention to this matter.

Very truly yours,

X _____

Enclosure: personal identification