



Marketing Data Report Request

Your privacy is very important to us and we want to provide you with a clear understanding of the type of information that may be contained in our marketing database.

By completing this form and including your signature, you hereby request access to view information related to your name and address as it exists in Experian's marketing database. You confirm that you are the individual who resides at the provided address and that you are 19 years of age or older.

Acceptable Forms of Identification

Please include a copy of one document from each of the two categories below. Do not send original documents. Any document you provide will not be returned to you – it will be shredded.

The name and address provided below should be the same as the name and address indicated on the provided identification documents. This information will only be used to look for your information in the Experian marketing database.

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| <p><u>One</u> item to validate ID:</p> <ul style="list-style-type: none"> • Valid Driver's License • State ID or Military ID • Passport • Court documents for legal name change • Marriage Certificate or Divorce Decree <p><u>Do not</u> send original documents. Any document you provide <u>will not</u> be returned to you – it will be shredded.</p> | <p><u>One</u> item to validate the address:</p> <ul style="list-style-type: none"> • Valid Driver's License • State ID or Military ID • Utility bill with the correct address (e.g., gas, water, cable, or residential phone bill) • Cell phone bill • Rental Lease Agreement/House Deed <p><u>Do not</u> send original documents. Any document you provide <u>will not</u> be returned to you – it will be shredded.</p> |
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Only one name and address may be included on this form. If you would like information for another name and address combination, you will need to complete and mail a separate form. You will receive your Marketing Data Report via postal mail at the address provided below.

All fields are required.

First name: _____ **Last name:** _____

Street Address: _____ **Apartment # (if applicable):** _____

City: _____ **State:** _____ **ZIP:** _____

Gender: _____ **Age:** _____

Signature: _____ **Print Name:** _____

Please mail this completed form and copies of two identification documents to:

Experian Marketing Services

PO Box 40

Allen, TX 75013