



Instructions for Disputing by Mail or Digital Upload

Send your request to:

Experian
P.O. Box 4500
Allen, TX 75013

Please include all of the following when initiating your dispute:

- Your full name including middle initial (and generation such as JR, SR, II, III)
- Your date of birth
- Your Social Security number (if you have never been issued a social security number, please note that in your request)
- All addresses where you have lived during the past two years
- One copy of a government issued identification card, such as a driver's license, state ID card, etc.
- One copy of a utility bill, bank or insurance statement, etc.

List each item on your report that you believe is inaccurate, the account number and the specific reason you feel the information is incorrect on the form.

There is no charge for submitting a dispute.

Send your completed dispute information to the address above. Only include copies and do not send original documentation.

You may also submit this form and supporting documentation electronically at experian.com/upload.

If you are blind or visually impaired, you have a right to receive your dispute results in an alternative format such as Braille, Large print, or Audio CD and can request so on the form.

What happens next?

Once we receive your request, we will contact the furnisher of the information or the vendor who collected the information from a public record source (such as a court or other government office).

When we complete our dispute process, which may take up to 30 days, we will send you the results by mail. If you provide us with an email address in the submission form, we will notify you by email as well.



Dispute Form

Use this form for any disputes you wish to submit by mail or digital upload at experian.com/upload. You can submit multiple dispute forms if you have additional disputes. Once we receive your dispute, it may take up to 30 days to process. Once your dispute is completed, we will send the result to you by mail or if you provide us with an email address, we will notify you by email as well. You may also submit a dispute by mail using your own format. If so, please include your name, address, Social Security number, and date of birth along with the account name and number and dispute reason.

Would you like to receive your dispute results more quickly? Enter your email address, and we will notify you as soon as your results are ready to be viewed online. _____

Be advised that written information or documents you provide with respect to your disputes may be shared with any and all creditors with which you are disputing.

Your current identification information

Name:	Middle Initial:	Generation:
Social Security number: _____ - _____ - _____		Date of Birth:
Mailing Address:		
Is any of the information below <u>incorrect</u> on your report?		
<input type="checkbox"/> Spouse's name	<input type="checkbox"/> Employer (Which one is <u>incorrect</u> ?) _____	
<input type="checkbox"/> Date of Birth (Fill in your <u>correct</u> date of birth) ____/____/____	<input type="checkbox"/> Address (Which one is <u>incorrect</u> ?) _____	
<input type="checkbox"/> Telephone number (Which one is <u>incorrect</u> ?) ____/____/____	<input type="checkbox"/> Name (Which one is <u>incorrect</u> ?) _____	
<input type="checkbox"/> Social Security number (Which one is <u>incorrect</u> ?) _____ - _____ - _____		

Dispute

Company name:	Your partial account number:
I believe this item is incorrect because (Choose only one):	
<input type="checkbox"/> Payment never late	<input type="checkbox"/> Account included in bankruptcy – Chapter: _____ Filing date: ____/____/____
<input type="checkbox"/> Account closed	<input type="checkbox"/> Not my account – Who does it belong to? _____
<input type="checkbox"/> Paid in full – On what date? ____/____/____	<input type="checkbox"/> Other – Must explain: _____

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Accessibility Format Options

If you are blind or visually impaired, you have the right to receive your dispute results in an alternative format such as Braille, Large print, or Audio CD. Please select your preferred alternative format below.

- Braille Large print Audio CD