

CONSUMER DISPUTE FORM

This form is used to dispute the accuracy or completeness of information contained in your consumer report provided by PreTrax.

Personal Information		
Last Name:	First Name:	Middle Initial:
Last 4 of Social Security Number: xxx-x	xDOB:	Phone #:
Current Address:		
City:	State:	ZIP:
Company Name:		_ (employer or prospective employer
. , ,		ch additional pages if necessary. ☐ Information is not up-to-date
Comments:		
I certify that the information on this form this form.	is complete and accurate and acknowl	edge that I am the person named on
Signature:	Date:	
Email Address for communications:		

Please Note:

- Reinvestigation may take up to 30 days
- The result of the dispute will be sent to you
- The Company will be notified with the final result of the dispute
- If you have any questions, you may contact PreTrax at (800) 281-5260

Send form and any supporting documents to:

<u>US Mail</u> or FAX to: (440) 247-1611 or Email to: <u>orders@pretrax.com</u> PreTrax, Inc.

Compliance Dept. 10 Center Street Chagrin Falls, Ohio 44022