Contact Information (applic	ation will be delay	ed without this inf	formation)
Full Name: (First, middle, last)			
Street Address:			
City, State, ZIP Code:			
How long lived here?			
Previous Address:			
Social Security Number:			
Date of Birth:			
Mother's Maiden Name			
Name of Elementary School			
Name of High School Mascot			
What City Where You were married?			
Drivers License #			
Phone Number / Cell:			
Email Address:			
Creditchecktotal.com	Username:		
Equifax.com:	Password:		
Need Credit Score Improvement on ?	Equifax	Experian	TransUnion
Credit Score:	Equifax	Experiar	nTransunion
Document Checklist (this mo	ust be <u>completed f</u>	ully in order to be	processed!)
*** Collect the following		them along with t	this application. ***
*** Collect the following	materials and send	them along with t	this application. ***
*** Collect the following	materials and send Is must be emailed This must be a reada	them along with t _only. NO FAX COP	this application. *** PIES! *** vers License or State ID. If copy
*** Collect the following *** All materia Driver License/ State ID	This must be a reada is not Legible (Able to This bill do not have printed on it, must be	them along with to only. NO FAX COP able color copy of a Dri o be read), it will delay to have your name, bu	vers License or State ID. If copy your processing. It it must have full address one on your credit report, and be
*** Collect the following *** All materia	This must be a reada is not Legible (Able to This bill do not have printed on it, must be within last 30 days. ADVERTISEMENT!	them along with t _only. NO FAX COP able color copy of a Dri to be read), it will delay to have your name, bu e same address as the examples: (phone, gas,	chis application. *** PIES! *** vers License or State ID. If copy your processing. It it must have full address one on your credit report, and be electric, etc) NO sscard. If the copy is not Legible







Annual Credit Report Request Form

You have the right to get a free copy of your credit file disclosure, commonly called a credit report, once every 12 months, from each of the nationwide consumer credit reporting companies - Equifax, Experian and TransUnion.

For instant access to your free credit report, visit www.annualcreditreport.com.

For more information on obtaining your free credit report, visit www.annualcreditreport.com or call 877-322-8228.

Use this form if you prefer to write to request your credit report from any, or all, of the nationwide consumer credit reporting companies. The following information is required to process your request. **Omission of any information may delay your request.**

Once complete, fold (do not staple or tape), place into a #10 envelope, affix required postage and mail to:
Annual Credit Report Request Service P.O. Box 105281 Atlanta, GA 30348-5281.

PI	Please use a Black or Blue Pen and write your responses in PRINTED CAPITAL LETTERS without touching the sides of the boxes like the examples listed below:																													
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Last	l Nar	ne																									JR,	SR, III	, etc.	
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City																	<u> </u>			State	e	Zip	Code	;		+				
Shade Circle Like This → Not Like This →					6	I want a credit report from (shade each that you would like to receive): Equifax Experian TransUnion					Shade here if, for security reasons, you want your credit report to include no more than the last four digits of your Social Security Number.																			

If additional information is needed to process your request, the consumer credit reporting company will contact you by mail.





Order Your Report Offline

In order to complete this form electronically, please save a copy to your computer. Complete the form, save the information and name the file. You will then have the ability to print the form and either mail or fax it to ChexSystems.

Obtaining information under false pretenses is illegal. Obtaining a report on someone other than yourself is punishable by law, and can result in fines and/or imprisonment.

In order for Chex Systems, Inc. to properly identify the information contained in your consumer file, please provide the following information:

First Name						
Middle Name						
Last Name Maiden name or ot last names used	her					
Address* (Street, PO Box, Apt #)						
City		State _	Zip			
Phone Number		Phone	Type Home	Cell		
U.S. Social Securit	ty #	Birth	Date			
U.S. Driver's Licen	se #	State of issuance				
*ChexSystems will o	correspond with you at the abo	ove address u	ınless you reques	t otherwise		
Address (Street, PO Box, Apt #) City Address			Zip			
(Street, PO Box, Apt #) City			Zip			
Address (Street, PO Box, Apt #) City			Zip			
Signature		Date				
Order by Mail	Chex Systems, Inc Attn: Consumer Relations 7805 Hudson Rd, Suite 100 Woodbury, MN 55125					
Order by FAX	Fax to 602.659.2197					

Early Warning Consumer Identification and Certification Form

Early Warning takes the privacy and security of consumer personal information very seriously. A copy of your consumer report will be provided upon proper identification, as required by the Fair Credit Reporting Act (FCRA). Please complete all applicable information, **print, sign and submit this form with a copy of identification.** See page 2 for return instructions and ID requirements. Consumer reports are sent within 15 days, as required by the FCRA, unless otherwise required by the consumer's state of residence*.

Consumer Information

Last Name	е	First Name	Middle Init	ial	Suffix
Name(s) F	Previously Used				
Current St	treet Address (include Ap	#)	City	State	ZIP Code
Mailing Ad	ddress (if different)		City	State	ZIP Code
Daytime F	Phone #		Alternate Phone #		
Social Sec	curity #		Date of B	irth	
ID Type:	☐ Driver's License	DL#	Issuing State	Issuing Coun	try
Copy of one type	☐ ID Card	ID#	Issuing State	Issuing Coun	try
required	□ Passport	Passport #		Issuing Coun	try
	☐ Other (explain)				
Financial I	Institution Name	To list additional accounts, please in	Routing # nclude on a separate page. Principal Information	Α	ccount #
			omplete Consumer Information sec	ition)	
	Name			Tax ID #	
Business A	Address		City	State	ZIP Code
Position (F	President, Owner, etc.):				
ursuant to ertaining to formation particular accurate and the personate of the share or	o me as specified in this Fo provided herein is complete and valid with third party so al information you provide t sell this information to any	act and other applicable laws, I requestry. By submitting this Form, I certify to and accurate; (iii) I understand that Enurces. Early Warning will only be used to re	o Early Warning that: (i) I am the Early Warning may verify that the	consumer identified in this information I have preser	s Form; (ii) all nted on this form
Signature	::				
rinted Na	ame:		Date:		

Contact Information

Please return your completed, signed and dated Consumer Identification and Certification Form and a copy of one form of identification (Driver's License, ID Card, Passport or other government issued identification) to Early Warning by mail, fax or uploaded to our Secure Transfer Portal.

Address: Early Warning 16552 N. 90th Street Scottsdale, AZ 85260 FAX: 480-656-6850

To communicate electronically with us, via the Transfer Portal, go to https://consumerservices.earlywarning.com. When prompted for the Early Warning email address, enter consumerservices@earlywarning.com. Follow the instructions on the screen to create your User ID and password, and to upload the documents to be transmitted to Early Warning. If you need technical assistance with the Transfer Portal please call 877-639-4457.

DECLARATION BY AFFIDAVIT

Having been duly sworn, Affiant declares the fo	ollowing:
1. Affiant stated legal name is:	
2. Affiant Date of Birth is:	
3. Affiant Social Security number is:	
4. Affiant Drivers License Number is:	State of::
5. Affiant current residence is:	
STATE OF	
COUNTY OF SS:	ACKNOWLEDGMENT
COUNTY OF	
This instrument was acknowledged before me	
Onday of, 20	
Oil, 20	
Notary Signature	
Notary Signature	
	Notary Stamp:
Notary Printed Name	
My Commission Expires	

DECLARATION BY AFFIDAVIT

Having been duly sworn, Affiant declares the following:

4	1 000		1 1		•
Ι.	Affiant	stated	legal	name	18

- 2. Affiant Date of Birth is:
- 3. Affiant Social Security number is:
- 4. Affiant Drivers License number is:

State of:

5. Affiant current residence is:

SAMPLE

