SUBSCRIBER REQUEST FOR EXPEDITED DISPUTE
FAX TO: 570-824-9502

DATE:_____

Subscriber Name: _____ Contact Name:_____
Subscriber#: _____ Contact Tele #:_____

Report #:_____ Repository-Experian-Trans Union-Equifax (circle choices)
Consumer's Name_____ SS# _____

Co-Borrower's Name_____ SS# _____
Address: _____

Trade Information

Creditor Name & Account # Correction to be made

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