

If you believe that any information contained in your Innovis Credit Report is incomplete or inaccurate, we will conduct an investigation and provide you with the results.

**Your Information** \*Denotes a required field. We require this information to verify and protect your identity.

First Name \*  Middle Name

Last Name \*  Suffix

Phone Number \*  Social Security Number \*  Date of Birth \*

xxx-xxx-xxxx      xxx-xx-xxxx      mm/dd/yyyy

**Current Address**

Address \*

City \*  State \*  ZIP \*

**Account Information**

Company Name  Account Number

**Dispute Reasons** (choose up to 2)

- Not my account
- Account closed
- Account paid before being sent to collection or charged off
- Account never paid late
- Account paid in full
- Account included in bankruptcy
- Balance incorrect
- Victim of identity theft
- Other (please specify in the space below)

**Address or Identity Information**

If you are disputing inaccurate or incomplete information regarding name, address, social security number, date of birth, or phone, please identify the information below. Remember to include documentation as specified in the Required Documentation section below.

**Required Documentation** Please include the following when making your request.

**1. Proof of Current Address:**

Please provide valid documentation displaying your current address information, such as a copy of your current and unexpired government-issued ID (e.g., driver's license, state ID card), recent utility bill (e.g., cable/internet, water, gas, electric), current signed lease showing the lease expiration date, recent paystub, recent W2 or recent bank or credit union statement.

**2. Proof of Name:**

Please provide valid documentation displaying your name, such as a copy of your current and unexpired government-issued ID (e.g., driver's license, military ID, passport, state ID card), Social Security card, birth certificate, marriage license, Medicaid or Medicare card or recent W2.

To learn more about other forms of acceptable documents visit the Supporting Documents page in the Learning Center on Innovis.com.

Investigations are completed within 30 days of the date they are received, unless you send Innovis additional information. The results of your completed investigation will be sent to you by mail (please allow 7-10 business days for mail delivery).

**Mail to**

Please mail this form and the documentation in support of your request to:

Innovis Consumer Assistance  
 PO Box 530088  
 Atlanta, GA 30353-0088

## 2. Account Information

Company Name

Account Number

### Dispute Reasons *(choose up to 2)*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Not my account          | <input type="checkbox"/> Account closed           | <input type="checkbox"/> Account paid before being sent to collection or charged off |
| <input type="checkbox"/> Account never paid late | <input type="checkbox"/> Account paid in full     | <input type="checkbox"/> Account included in bankruptcy                              |
| <input type="checkbox"/> Balance incorrect       | <input type="checkbox"/> Victim of identity theft | <input type="checkbox"/> Other <i>(please specify in the space below)</i>            |

## 3. Account Information

Company Name

Account Number

### Dispute Reasons *(choose up to 2)*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Not my account          | <input type="checkbox"/> Account closed           | <input type="checkbox"/> Account paid before being sent to collection or charged off |
| <input type="checkbox"/> Account never paid late | <input type="checkbox"/> Account paid in full     | <input type="checkbox"/> Account included in bankruptcy                              |
| <input type="checkbox"/> Balance incorrect       | <input type="checkbox"/> Victim of identity theft | <input type="checkbox"/> Other <i>(please specify in the space below)</i>            |

## 4. Account Information

Company Name

Account Number

### Dispute Reasons *(choose up to 2)*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Not my account          | <input type="checkbox"/> Account closed           | <input type="checkbox"/> Account paid before being sent to collection or charged off |
| <input type="checkbox"/> Account never paid late | <input type="checkbox"/> Account paid in full     | <input type="checkbox"/> Account included in bankruptcy                              |
| <input type="checkbox"/> Balance incorrect       | <input type="checkbox"/> Victim of identity theft | <input type="checkbox"/> Other <i>(please specify in the space below)</i>            |

## 5. Account Information

Company Name

Account Number

### Dispute Reasons *(choose up to 2)*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Not my account          | <input type="checkbox"/> Account closed           | <input type="checkbox"/> Account paid before being sent to collection or charged off |
| <input type="checkbox"/> Account never paid late | <input type="checkbox"/> Account paid in full     | <input type="checkbox"/> Account included in bankruptcy                              |
| <input type="checkbox"/> Balance incorrect       | <input type="checkbox"/> Victim of identity theft | <input type="checkbox"/> Other <i>(please specify in the space below)</i>            |