

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

First Name *	Middle Name
<input type="text"/>	<input type="text"/>
Last Name *	Suffix
<input type="text"/>	<input type="text"/>
Phone Number *	Social Security Number *
<input type="text"/>	<input type="text"/>
<small>xxx-xxx-xxxx</small>	<small>xxx-xx-xxxx</small>
Date of Birth *	
<input type="text"/>	
<small>mm/dd/yyyy</small>	

## Current Address

Address *		
<input type="text"/>		
City *	State *	ZIP *
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Account Information

Company Name	Account Number
<input type="text"/>	<input type="text"/>

## 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 <small>(please specify in the space below)</small>    |

Information on my Innovis Credit Report may be mixed with another consumer's information

## Address or Identity Information

To request an investigation of your identity or address, please add your comments below. Remember to include a legible copy of your driver's license or government-issued ID card with your correct name and/or address.

## Required Documentation

1. Proof of Current Address : copy of government-issued ID, signed lease, recent utility bill, recent bank or credit union statement.
2. Proof of Name : copy of government-issued ID, Social Security card, birth certificate, marriage license, Medicaid or Medicare card.

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 3-5 business days for mail delivery). Intentionally making any false statement to a consumer reporting agency for the purpose of having it placed on a consumer report is punishable by law.

## Mail to

Please provide to the address below any documentation in support of your investigation request:

Innovis Consumer Assistance  
PO Box 1640  
Pittsburgh, PA 15230-1640

Documentation will be sent to the creditor along with your dispute.

## 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>            |