

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 *

xxx-xxx-xxxx

Social Security Number *

xxx-xx-xxxx

Date of Birth *

mm/dd/yyyy

Current Address

Address *

City *

State *

ZIP *

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 (please specify in the space below) |

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

Please include one of the following: copy of government-issued ID, signed lease, recent utility bill, recent bank or credit union statement.

2. Proof of Name

Please include one of the following: 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 any documentation in support of your investigation request

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



Additional Investigation Requests

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> |