



CONSUMER STATEMENT REQUEST

Section A: Consumer Information

Please complete all fields except as noted.

Full Name: First: Middle: Last:

(Check one if applicable): Jr. Sr.

Date of Birth:

Social Security or Individual Tax Identification Number:

Full Current Address: (Information will be mailed to this address)

Street Address: Apt. #:

City: State: Zip:

Phone Numbers (Optional):

Home: (Area Code) (Number) Work: (Area Code) (Number) Mobile: (Area Code) (Number)

Current Email address (Optional):

Section B: STATEMENT

You may add a brief 100-word Consumer Statement to append to your file. Per the Fair Credit Reporting Act, as a Consumer Reporting Agency, we must include a summary of your statement in future reports.

Signature: _____

Printed Name: Date:

Please mail, fax or e-mail this completed form to:

IntelliCorp Records, Inc.
Attn: Compliance Department
3000 Auburn Drive, Suite 410
Beachwood, Ohio 44122
Phone: 866-202-1436
Fax: 216-450-5279
E-Mail: reinvestigation@intellicorp.net