

# Credit Report Dispute Form

Simply fill in the form, sign your name, include a copy of the page of your credit report that you are disputing and any documentation (see below), then mail the form to us at the address listed below.

## Contact Information

Name: \_\_\_\_\_ Birth Date \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Required)

## Dispute Information

Account Number: \_\_\_\_\_ Type of Account: LOAN

First Name on Account: \_\_\_\_\_

This information on the Credit Report is inaccurate because:

- This is not my account.
- I am a victim of identity theft.
- I have never paid late.
- This account is in bankruptcy.
- This account is closed.
- I have paid this account in full.
- I paid this before it went to collection or before it was charged off.
- Other: \_\_\_\_\_

Have you previously made this dispute: YES / NO

If yes, please explain: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please include a copy of the page of your credit report that contains the item you are disputing. DO NOT SEND YOUR ENTIRE CREDIT REPORT***

## Documentation

Please include **photocopies** of documentation you may have that supports your dispute. Some examples are:

- *For a bankruptcy: Chapter 7, 11, or 13 case number, district, and date filed*
- *For a divorce: divorce agreement or other document showing the division of assets*
- *For identity theft: police report and/or affidavit(s)*
- *Cancelled checks*
- *Correspondence about the account*
- *If you have spoken to us about the account, the name of the Commerce employee and date of the conversation*
- *If you are disputing account ownership: a copy of state-issued ID or Social Security card with Social Security Number*

## Mail

Credit Bureau Dispute Representative  
P.O. Box 413658  
Kansas City, MO 64141-3658  
Fax #: 816-760-7941