



Dispute Resolution Form

I am hereby notifying AccuSource, Inc. that I am disputing information contained in my investigative consumer report, which was requested by my employer/potential employer.

Consumer Report File #:

The specific information I am disputing and the basis for my dispute is: Explain:

Supporting documentation I have that substantiates the basis of my dispute, if any*

*Attach copies of supporting documentation if any

I understand that if AccuSource, Inc. is unable to establish proper identification, it will decline my request. The following information is required in order to establish a clear identity.

Last Name:

First:

Middle:

Date of Birth: / /

Social Security #: - -

Driver's License #:

State of Issuance:

Address:

City:

State:

Zip:

Telephone #: - -

I certify that I am the person named above and I understand that The Fair Credit Reporting Act, enforced by the Federal Trade Commission (FTC), imposes criminal penalties of up to \$5,000 and a year in prison against anyone who knowingly and willfully obtains information on a consumer from a consumer reporting agency under false pretenses.

Signature: _____ Date: _____

Complete and return this form by mail or fax to:

AccuSource, Inc.
1240 E. Ontario Avenue
Suite 102-140
Corona, CA 92881
Fax: 951-734-0884