



Consumer Dispute/Inquiry Form

In order for Trak-1 to fully process your request for a copy of your consumer report or to dispute inaccurate or incomplete information contained on your consumer report, you will be required to submit the following information:

Consumer Information and Identification

Full Legal Name : _____
(First, Full Middle Name, Last Name)

Social Security Number: _____ Date of Birth*: _____

Current Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (_____) _____ Email: _____

Name of Company Applied with: _____

Approximate Date(s) of Original Application: _____

Nature of Consumer Dispute or Inquiry

For Consumer Disputes: Please be specific in what items you are disputing. If additional documentation is available to substantiate your dispute, please include that information with this dispute form.

Authorization for Release of Consumer Report

I _____ (Print Name), hereby certify that I am the individual named above. By signing below, I hereby authorize, without reservation, Trak-1 to furnish me with a free copy of my consumer report. I understand that my consumer report contains personal, identifying information (and may contain a criminal history on me, if applicable) which I have privacy interest in, but pursuant to this authorization I hereby authorize Trak-1 to mail my consumer report to the above-listed mailing address.

Customer Signature: _____ Date: _____

Please attach a copy of your current Driver's License or other Government issued Photo ID and return all documents to Trak-1 at the following:

Email: disputes@trak-1.com

Fax: 918.779.6521, ATTN: Consumer Disputes

Mail: Trak-1 Consumer Disputes, 7131 Riverside Parkway, Tulsa, Oklahoma 74136

Missing or incomplete information may lead to delays in processing. For additional questions regarding your request for a consumer report or consumer dispute, , please contact Trak-1 at 800.600.8999.