ACCURATE FINANCIAL SERVICES, INC
REQUEST FOR FILE DISCLOSURE
PO BOX 347
HENDERSONVILLE, TN 37077

Requesting Date_____ Date Credit was pulled_____

Company's name that pulled your credit using Accurate Financial_____

Reference # off of credit report if you have a copy (top left corner)_____

Consumer Name _____
(Print Clearly) Last First Middle Generation

Address: _____

_____ DOB_____/_____/_____
City State Zip Month Day Year

Phone # ( ) _____, Alternate # ( )_____
Area Code Area Code

Previous Address_____
If less than 2 years
at present

_____ SS# _____-_____-_____
City State Zip

Employer's Name _____

Credit Reporting Agencies by law are only allowed to disclose the contents of a credit file to the Applicant. This may be done over the phone or in writing only after receiving a written request signed by the Applicant. As tools to reasonably verify the identify of the Applicant before a disclosure can take place the Applicant will have to send a copy of an Identifying Document like a Drivers License with current address, Social Security Card, Pay Check or Utility Bill that shows current address. Accurate Financial Services will not disclose information without verifying identity.

_____ _____
Signature of Requesting Applicant Printed Signature of Requesting Applicant

Mail copy of my file to me.

Discuss my file over the phone.

_____/_____/_____ _____
Date and time requested via the phone
(615) 826-7123 or (800) 373-5333
Available Mon – Fri 8:00am to 5:00pm CST

For Office Use Only

_____Mailed Copy _____Phone Interview

_____Date _____Date

____Sent to Bureau(s) _____ Date

____Notified Applicant _____Date