REQUEST TO OBTAIN MY CREDIT HISTORY REPORT

PLEASE PRINT

Name:					
	LAST NAME	FIRST NAME		INITIAL	SUFFIX (Sr, Jr, etc.)
Current Address:					
	STREET ADDRESS	APT.	CITY	PROVINCE	POSTAL CODE
PREVIOUS AD	DRESS(ES) (within la	ast 5 years)			
Previous Address	:				
	STREET ADDRESS	APT.	CITY	PROVINCE	POSTAL CODE
	STREET ADDRESS	APT.	CITY	PROVINCE	POSTAL CODE
Date of Birth:			Social Insura	nce Number:	
	MONTH DAY	YEAR		(OPT	IONAL)
The name and last	t 4 digits of a major cree	dit card:			
WERE YOU DENIED CREDIT? NO []YES[] BY WHICH INSTITUTION?				WHEN?	

- * We will require two (2) pieces of personal identification to process your request. (Example: driver's licence, bank account statement, gas, phone, electricity or cable bill). If your current address has changed within the last 90 days, a confirmation of address must be attached with your request in order to be processed. (Example: gas, phone, electricity or cable bill, bank account statement, driver's license).
- ** You can expect to receive a copy of your personal credit report via regular mail within 5 to 10 days. If you have any further inquiries about delivery, please contact us using our toll-free number below.
- *** Please note that if any corrections are necessary, you must complete the credit report update form enclosed with the credit report sent to you. This form - Consumer Credit Report Update Form – can also be found on-line at www.equifax.ca

SIGNATURE National Consumer Relations P.O. Box 190, Station Jean-Talon, Montreal, Quebec H1S 2Z2 Tel: 1-800-465-7166 Facsimile: (514) 355-8502 Email: consumer.relations@equifax.com

Trans Union of Canada P.O. Box 338 L.C.D.I. Hamilton, Ontario L8L 7W2 Tel: 1-800-663-9980 Tel: 1-877-713-3393 (for Quebec)

There is another credit bureau in Canada:

DATE



March 2003

THANK YOU FOR DOING BUSINESS WITH EQUIFAX