



## Consumer Inquiry Form

To submit a Customer Inquiry for a FactorTrust Consumer Report, please complete the following:

Lender Company Name: \_\_\_\_\_ Loan Declined Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Maiden Name or other Last Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_ **(COPY MUST BE INCLUDED)**

Current Mailing Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

In the last five years, other residencies:

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

Short Description of Inquiry: (Attach a short description detailing your inquiry or the reporting of an error or discrepancy)

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

***Obtaining this Consumer Inquiry Investigative Report for someone other than you or obtaining information under false pretenses is illegal and can result in fines and/or imprisonment.***

Once complete, return the signed inquiry form with a copy of your driver's license, passport or state issued identification. **Request received without required documentation cannot be processed.** You can submit the form via mail to: FactorTrust, Attn: Consumer Inquiries, P.O. Box 390, Woodlyn, PA 19094.