

Credit Dispute Form

Creditor

Name: _____

Address: _____

Account # _____

Client

Name: _____

Address: _____

Daytime Phone: _____

Evening Phone: _____

Date of Birth: _____

Social Security

To Whom It May Concern:

Please note that the following changes should be made on the above referenced account.

- This account does not belong to client
This account was included in bankruptcy
(Enclosed schedule of debtors and discharges)
- Account is paid in full
(Enclosed receipt)
- Other _____

Comments _____

Please notify me in writing when this matter is corrected

Sincerely, _____