
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 ADDRESS(ES) (within last 5 years)

Previous Address:

STREET ADDRESS APT. CITY PROVINCE POSTAL CODE

STREET ADDRESS APT. CITY PROVINCE POSTAL CODE

Date of Birth:

MONTH DAY YEAR

Social Insurance Number :

(OPTIONAL)

The name and last 4 digits of a major credit card:

WERE YOU DENIED CREDIT? NO [] YES [] BY WHICH INSTITUTION? _____ WHEN? _____

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***Equifax 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, lease, driver's licence).**

**** 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 Equifax using the 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.**

SIGNATURE

DATE

Mail identification and completed form to:

*Equifax National Consumer Relations
P.O. Box 190, Station Jean-Talon,
Montreal, Quebec
H1S 2Z2*

*Tel: 1-800-465-7166
Facsimile: (514) 355-8502*