FACTOR TRUST
The Alternative Credit Bureau

Security Freeze Request Form

To place a Security Freeze on your credit file, please send a completed copy of this form, along with a photocopy of one item from each category below:

Identity
* Social Security Card
* Pay Stub with SSN
* W2 Form

Address
* Driver's License
* Utility Bill with Address and Your Name
* Pay Stub with Address

_____ _____ _____ _____
Last Name First Name Initial Suffix

_____ _____ _____ _____
Current Address City State Zip

_____ _____ _____ _____
Previous Address City State Zip

_____
Maiden Name or other Last Name

_____-_____-_____ _____/_____/_____ _____ _____
Social Security Number Date of Birth Driver's License Number State

In the event a creditor needs to contact me, please use the telephone numbers I provide below:

_____ _____ _____
Home Phone Cell Phone Work Phone

By signing below, I certify that I am requesting a Security Freeze be placed on my personal credit report.

_____ _____
Signature Date

Please send (via Fax or US Mail) this form along with the required documents to:

Fax: 770-980-9414

Mail: FactorTrust, Inc.
P.O. Box 3653
Alpharetta, GA 30023
Phone (844) 773-3321