



PO Box 3653, Alpharetta, GA 30023 | F 770-980-9414

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 fax to 770-980-9414 or mail to: FactorTrust, Attn: Consumer Inquiries, P.O. Box 3653, Alpharetta, GA 30023.