



Consumer Inquiry Form

FactorTrust
PO Box 3653
Alpharetta, GA 30023

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

Lender Company Name: _____ Loan Declined Date: _____

Application Number: _____

Last Name: _____ First Name: _____ Middle Name: _____

Maiden Name or other Last Name: _____

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

Driver's License Number: _____ Driver's License State: _____

Current Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

In the last five years, other residences:

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.

Fax the signed and dated Inquiry Form and a copy of your driver's license to: 413-382-6940