△ Credit	Techno	logies
Credit	I CCI II IO	logics

ScoreExpress™ Request

Date:	Rush Request?:
	(additional rush fees apply)

	regaese	(additional rush fees apply
ompany Name:	Client ID Number:	File Number:
equested By:	Phone Number:	Email Address:
onsumer Name:		
hat specific goal(s) are you trying t	o achieve?	
Accounts To Re Und	lated	
Accounts To Be Upo 0 per bureau item with documenta shes are available for an additional	tion and \$60.00 per bureau item without documentatio	n.
0 per bureau item with documenta	tion and \$60.00 per bureau item without documentatio	n. Account Owner:
0 per bureau item with documenta shes are available for an additional	tion and \$60.00 per bureau item without documentatio \$20.00 per bureau item if needed	
O per bureau item with documenta shes are available for an additional Creditor Name:	tion and \$60.00 per bureau item without documentatio \$20.00 per bureau item if needed Account Number:	Account Owner:

*Supporting documents should be sent with this request via email to ScoreExpress@CreditTechnologies.com or faxed to 888.445.4922

I authorize Credit Technologies, Inc. to process the above request and agree to pay for any corrections and/or updates to the consumer's credit file regardless of the resulting score. I understand that charges incurred for rescoring services cannot be passed along to the consumer per section 611 of the Fair Credit Reporting Act (FCRA). DISCLAIMER: While we review every request to confirm expected results, Credit Technologies, Inc. cannot guarantee that updates and/or corrections made to a consumer's national credit files will improve the consumer's credit scores.

Authorized By: _____

IMPORTANT: This information is intended only for the person(s) or entity to which it is addressed and contains information that is privileged, confidential or exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, agent or employee responsible for delivering this message to the intended recipient, you are hereby notified that any dissemination or distribution of this communication is strictly prohibited.







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Additional Fields

If needed, use the additional fields below. Supporting documents should be sent with this request via email to ScoreExpress@CreditTechnologies.com or faxed to 888.445.4922

Creditor Name: Repositories: Experian Comments/Special	Transunion	Account Number:	Account Owner: Documents to be provided:
Creditor Name: Repositories: Experian Comments/Special	Transunion	Account Number:	Account Owner: Documents to be provided:
Creditor Name: Repositories: Experian Comments/Special	Transunion Requests:	Account Number:	Account Owner: Documents to be provided:



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