

# ScoreExpress™ Request

Date:

Rush Request?:

(additional rush fees apply)

Company Name:

Client ID Number:

File Number:

Requested By:

Phone Number:

Email Address:

Consumer Name:

What specific goal(s) are you trying to achieve?

## Accounts To Be Updated

\$50.00 per bureau item with documentation and \$60.00 per bureau item without documentation. Rushes are available for an additional \$20.00 per bureau item if needed

Item #1

Creditor Name:

Account Number:

Account Owner:

Repositories:

Experian  Transunion  Equifax

Documents to be provided:

Comments/Special Requests:

\*Supporting documents should be sent with this request via email to [ScoreExpress@CreditTechnologies.com](mailto: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.

# Additional Fields

If needed, use the additional fields below. Supporting documents should be sent with this request via email to [ScoreExpress@CreditTechnologies.com](mailto:ScoreExpress@CreditTechnologies.com) or faxed to **888.445.4922**

Item #2

Creditor Name:

Account Number:

Account Owner:

Repositories:

Experian    Transunion    Equifax

Documents to be provided:

Comments/Special Requests:

Item #3

Creditor Name:

Account Number:

Account Owner:

Repositories:

Experian    Transunion    Equifax

Documents to be provided:

Comments/Special Requests:

Item #4

Creditor Name:

Account Number:

Account Owner:

Repositories:

Experian    Transunion    Equifax

Documents to be provided:

Comments/Special Requests: