

CONSUMER REPORT REQUEST FORM

Phone: 888-222-7621

Hours: Monday - Friday 8:30AM - 5:00PM ET

Obtaining information under false pretenses is illegal. Obtaining a consumer report on someone other than yourself is punishable by law and can result in fines and/or imprisonment.

To adequately search our systems, verify your identity and process your request for your consumer report from MicroBilt, please provide as much of the following information as possible:

First Name:	Middle Name:	Last Name:
JR, SR, III, etc.: Maiden Na	me:	_ Driver's License No. / State:
		(DL attached; OR two other forms of ID attached)
Social Security No.:	Date of Birth: _	
Current Address:		
Home or Cell Phone No.:		(optional; for consumer assistance)
Recent previous addresses yo	u have had (in the pas	st two years):
Previous Address No. 1:		
Previous Address No. 2:		
If applicable:		
Application Decline Date:	Name of	Company:
Social Security Number:		
☐ If you would like us to redact y	our Social Security Numb	per from the report we send you, check the box.
Important: Your request may identity or sign your name.	be delayed if you fail	to provide sufficient information to verify your
Signature:		Date:
Contact us at: MicroBilt		
	er Affairs Department	
P.O. Box 440693 Kennesaw, GA 3010	60	

To help prevent identity theft and fraud, please note that your consumer report will be sent only to the CURRENT address shown on your consumer report in our databases.