
REQUEST TO OBTAIN MY CREDIT HISTORY REPORT

PLEASE PRINT

Name:

LAST NAME	FIRST NAME	INITIAL	SUFFIX (Sr, Jr, etc.)
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Current Address:

STREET ADDRESS	APT.	CITY	PROVINCE	POSTAL CODE
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PREVIOUS ADDRESS(ES) (within last 5 years)

Previous Address:

STREET ADDRESS	APT.	CITY	PROVINCE	POSTAL CODE
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STREET ADDRESS	APT.	CITY	PROVINCE	POSTAL CODE
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Date of Birth:

Social Insurance Number :

MONTH	DAY	YEAR	(OPTIONAL)
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The name and last 4 digits of a major credit card:

WERE YOU DENIED CREDIT? NO [] YES [] BY WHICH INSTITUTION? _____ WHEN? _____

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*Equifax will require two (2) pieces of personal identification to process your request. (Example: driver's licence, bank account statement, gas, phone, electricity or cable bill). If your current address has changed within the last 90 days, a confirmation of address must be attached with your request in order to be processed. (Example: gas, phone, electricity or cable bill, bank account statement, lease, driver's licence).

** You can expect to receive a copy of your personal credit report via regular mail within 5 to 10 days. If you have any further inquiries about delivery, please contact Equifax using the toll-free number below.

*** Please note that if any corrections are necessary, you must complete the credit report update form enclosed with the credit report sent to you.

SIGNATURE

DATE

Mail identification and completed form to:

Equifax National Consumer Relations
P.O. Box 190, Station Jean-Talon,
Montreal, Quebec
H1S 2Z2

Tel: 1-800-465-7166
Facsimile: (514) 355-8502