

CONSUMER DISPUTE FORM

To adequately search our systems, verify your identity and process your dispute, please provide as much of the following information as possible:

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

JR, SR, III, etc.: _____ Maiden Name: _____ 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 you have had (in the past two years):

Previous Address No. 1: _____

Previous Address No. 2: _____

What items do you believe are inaccurate?

Why do you believe the items are inaccurate?

What do you believe is the accurate information?

Please provide any other details below, or attach documentation you feel may be helpful in our investigation:

Important: Your dispute may be delayed if you fail to provide sufficient information to verify your identity or sign your name.

Signature: _____

Date: _____

Contact us at: Syntrove
consumeraffairs@syntrove.com

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

Attention: Consumer Affairs Department
P.O. Box 11
South Park, PA 15129
Phone: 855-442-9400