

If you believe that any information contained in your Innovis Credit Report is incomplete or inaccurate, we will conduct an investigation and provide you with the results.

Your Information *denotes a required field

First Name *	Middle Initial
<input type="text"/>	<input type="text"/>
Last Name *	Suffix
<input type="text"/>	<input type="text"/>
Phone Number *	Social Security Number *
<input type="text"/> <small>xxx-xxx-xxxx</small>	<input type="text"/> <small>xxx-xx-xxxx</small>
Date of Birth *	
<input type="text"/> <small>mm/dd/yyyy</small>	

Current Address

Address *		
<input type="text"/>		
City *	State *	ZIP *
<input type="text"/>	<input type="text"/>	<input type="text"/>

Account Information

Company Name	Account Number
<input type="text"/>	<input type="text"/>

Dispute Reasons (choose up to 2)

Not my account Account closed Account paid before being sent to collection or charged off

Account never paid late Account paid in full Account included in bankruptcy Victim of identity theft

Balance incorrect Other *(please specify)*

Address or Identity Information

To request an investigation of your identity or address, please add your comments below. Remember to include a legible copy of your driver's license or government-issued ID card with your correct name and/or address.

Required Documentation

1. Proof of Current Address : copy of government-issued ID, signed lease, recent utility bill, recent bank or credit union statement.
2. Proof of Name : copy of government-issued ID, Social Security card, birth certificate, marriage license, Medicaid or Medicare card.

Investigations are completed within 30 days of the date they are received, unless you send Innovis additional information. The results of your completed investigation will be sent to you by mail (please allow 7-10 business days for mail delivery). Intentionally making any false statement to a consumer reporting agency for the purpose of having it placed on a consumer report is punishable by law.

Mail to

Please provide any documentation in support of your investigation request

Innovis Consumer Assistance
PO Box 1640
Pittsburgh, PA 15230-1640

2. Account Information

Company Name

Account Number

Dispute Reasons *(choose up to 2)*

- Not my account Account closed Account paid before being sent to collection or charged off
 Account never paid late Account paid in full Account included in bankruptcy Victim of identity theft
 Balance incorrect Other *(please specify)*

3. Account Information

Company Name

Account Number

Dispute Reasons *(choose up to 2)*

- Not my account Account closed Account paid before being sent to collection or charged off
 Account never paid late Account paid in full Account included in bankruptcy Victim of identity theft
 Balance incorrect Other *(please specify)*

4. Account Information

Company Name

Account Number

Dispute Reasons *(choose up to 2)*

- Not my account Account closed Account paid before being sent to collection or charged off
 Account never paid late Account paid in full Account included in bankruptcy Victim of identity theft
 Balance incorrect Other *(please specify)*

5. Account Information

Company Name

Account Number

Dispute Reasons *(choose up to 2)*

- Not my account Account closed Account paid before being sent to collection or charged off
 Account never paid late Account paid in full Account included in bankruptcy Victim of identity theft
 Balance incorrect Other *(please specify)*