



Consumer Dispute Form

1911 Douglas Blvd #85-202
Roseville, CA 95661

Phone: 888.534.1233

Fax: 888.332.4128

info@checkpointscreening.com

Applicant Information:

Applicant Full Name: _____

Aliases or other Names: _____

Social Security Number or Tax ID: _____

Date of birth: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____ Email: _____

Personal Information

Include a copy of your photo ID

Disputing:

- Application Information
- Creditor Tradeline Information
- Court records on File

Comments: _____

Dispute Details

Attach supporting documents such as:

- cancelled checks**
- court records**
- correspondence**

I declare, under penalty of law, that to the best of my knowledge, the information supplied above, and all accompanying information is true and correct.

Signature: _____ Date: _____

***Copy of photo ID is required to process your request. ***

****Please allow at least 30 days for Investigation****