CBC Innovis

Dispute / Credit Report Request From

1. Request Type (check all that apply):	Dispute ☐	Credit Report Request ☐
2. Consumer Information (Please provide all of the following requested information so that we can accurately process your request)		
First Name:	Middle Initial:	Last Name, Suffix:
Street Address:	City:	State/Zip code:
Date of Birth:	SSN:	Phone Number:

2. Inquiry Information (Complete this section only if you are disputing a CBCInnovis inquiry)	
Name of the company listed as an inquiry	Date of the Inquiry

2. Dispute Information (Complete this section only if you are disputing credit report information)	
Name of Dispute Item: (Ex: Credit item, Public Record, Name, Alias, Address, SS#)	Dispute Reason (Ex: Not Mine, Never Late, Paid, Included in Bankruptcy, Remove Dispute Remarks, etc.)

Send this form to:
CBCInnovis Consumer Assistance
PO Box 1667
Pittsburgh, PA 15230

Or Fax to:
Attention Consumer Assistance
866-582-1514