

Consumer Disclosures

1. The Fair Credit Reporting Act allows me to obtain a disclosure from every credit reporting agency of the nature and substance of all information in my file at the time of my request. Full disclosure of information in your file at Experian must be obtained directly from Experian by calling 888-397-3742 or logging on to www.experian.com/consumer. The credit report you are requesting from CSIdentity is not intended to constitute the disclosure of Experian information required by the Fair Credit Reporting Act or similar state laws.
2. I am entitled to receive a disclosure directly from the consumer reporting agency free of charge under the following circumstances:
 - a) I have been denied credit, insurance or employment within the past sixty (60) days as a result of my credit report
 - b) I certify in writing that I am unemployed and intend to apply for employment in the 6-day period beginning on the date on which I made the certification
 - c) I am a recipient of public welfare assistance
 - d) I have reason to believe that my file at the agency contains inaccurate information due to fraud
 - e) Annually at www.creditreport.com

Otherwise, the consumer reporting agency may impose a reasonable charge for the disclosure.

3. The Fair Credit Reporting Act permits me to dispute inaccurate or incomplete information in my credit file. I understand that accurate information cannot be changed.
4. I do not have to purchase my credit report or other information from CSIdentity to dispute inaccurate or incomplete information in my Experian file or to receive a copy of my Experian consumer credit report.
5. Experian's National Consumer Assistance Center provides a proprietary consumer disclosure that is different from the consumer credit report provided by CSIdentity. The disclosure report must be obtained directly from Experian. Consumers residing in the States of Colorado, Massachusetts, Maryland, New Jersey, and Vermont may receive a free copy of their consumer credit report once per year and residents of the State of Georgia may receive two copies per year.

SIGNATURE REQUIRED BELOW

PLEASE SIGN BELOW IN ORDER TO ENROLL IN CSIDENTITY PROTECTORSM

Consumer Authorization to Request a Consumer Review Service Credit Report

➔ I, _____, hereby authorize and instruct CSIdentity to access my consumer credit information on my behalf and furnish my consumer credit report directly to me.

➔ **Signature:** _____ **Name (printed)** _____ **Date:** _____