

REQUEST FORM
FOR OBTAINING FREE COPIES OF CREDIT FILES

To: Experian Information Solutions, Inc. P.O. Box 9564 Allen, TX 75013	To: Equifax Information Services, LLC Equifax Credit File Request P.O. Box 105784 Atlanta, GA 30348	To: Trans Union L.L.C. P.O. Box 4000 Chester, PA 19022
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Re: Free copies of credit files under Stipulations of Settlement in Civil Actions Nos. 8:00-1217-24, 8:00-1218-24 and 8:00-1219-24 in the United States District Court for the District of South Carolina

I have not excluded myself from the Class, and I request that you provide me with a free copy of my credit file, as provided for in the Stipulations of Settlement.

Your full name (including first, middle and last name and Sr., Jr., II, III or the like if applicable):

Your present address: _____

Your Social Security Number: _____

Your date of birth: _____

If married, your spouse's name: _____

() Check here, if your name and address used to send you this Notice are CORRECT.

() Check here, if the name or address you inserted above are DIFFERENT from those used on this Notice.

() Check here if you did NOT receive this Notice until after you asked that it be sent to you, and provide the following information:

Signature: _____ Date: _____

If you have not been at the above address for over five years, supply your previous addresses during the past five years: