



# 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\*\***