



CONSUMER CREDIT DISPUTE FORM

Please complete, print and mail this form to the address listed below. Upon receipt of this information, American Credit Acceptance will research your claim. American Credit Acceptance will resolve your claim within thirty (30) days of receiving this notice or will contact you directly if additional information is required.

PLEASE INDICATE WHICH CREDIT BUREAU IS THE SOURCE OF THE INFORMATION YOU ARE DISPUTING:

EXPERIAN

EQUIFAX

TRANS UNION

CHECK THE APPROPRIATE BOX(ES) DESCRIBING THE INFORMATION YOU BELIEVE TO BE INCORRECT:

Identity Theft

High Balance

Date Account Opened

Fraud Committed

Date Payment Made

Date Account Closed

Liability for Account

Amount of Payment Made

Account Paid in Full

Terms of Account

Payment Status

Other (Describe Below)

CONSUMER NAME:

ACCOUNT #:

LAST FOUR DIGITS OF SSN:

ADDRESS:

CITY:

STATE:

ZIP:

DAY-TIME PHONE:

EMAIL:

PREFERRED METHOD OF COMMUNICATION:

PHONE

EMAIL

PLEASE DESCRIBE YOUR DISPUTE IN DETAIL:

Please complete, print and mail to the address listed below.

961 E. Main Street Spartanburg, SC 29302 | Attn: Credit Disputes | Phone: 1.888.943.8343