

Credit Bureau Services, Inc.
3503 N. DIXIE HWY
OAKLAND PARK, FL 33334
954-561-1400 FAX: 954-567-1441
EMAIL: info@credit1400.com

YOU MAY FAX OR EMAIL YOUR REQUEST

RESCORE ORDER FORM

The following must be filled out for all Rescore requests.

Date: _____ **CBS File #:** _____
Mtg. Company Name: _____ Phone Number: _____
Requested By: _____ Fax Number: _____
Email address: _____
Borrower Name: _____ SSN: _____
Co-Borrower Name: _____ SSN: _____
Current Address: _____ City: _____ State: _____ Zip: _____

Once Rescore has been completed would you like CBS to re-pull the file? (circle one) Yes or No

Creditor Name: _____ Account Number: _____
Select Which Bureaus: EF: ___ XP: ___ TU: ___ - And For Which Person: Borr: ___ Co-Borr: ___ Both: ___
What Needs Corrected: Delete Lates: ___ Update Balance: ___ Delete Account: ___ Other: _____

Creditor Name: _____ Account Number: _____
Select Which Bureaus: EF: ___ XP: ___ TU: ___ - And For Which Person: Borr: ___ Co-Borr: ___ Both: ___
What Needs Corrected: Delete Lates: ___ Update Balance: ___ Delete Account: ___ Other: _____

Creditor Name: _____ Account Number: _____
Select Which Bureaus: EF: ___ XP: ___ TU: ___ - And For Which Person: Borr: ___ Co-Borr: ___ Both: ___
What Needs Corrected: Delete Lates: ___ Update Balance: ___ Delete Account: ___ Other: _____

Creditor Name: _____ Account Number: _____
Select Which Bureaus: EF: ___ XP: ___ TU: ___ - And For Which Person: Borr: ___ Co-Borr: ___ Both: ___
What Needs Corrected: Delete Lates: ___ Update Balance: ___ Delete Account: ___ Other: _____

If you are set-up to pay with a credit card please provide credit card information below.

I/we understand that CBS cannot estimate, calculate, or confirm how the score will be affected by the Rescore. CBS offers no guarantee that scores will either increase or decrease with this service.

(Does not include the charge for the new file)

Signature: _____ Date: _____

Name on Card: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Credit card #: _____ Exp. Date: _____ CVV# _____

PLEASE FAX THIS FORM TO 954-561-1400

Be sure to include the appropriate documentation required to support the Rescore*