



## DIRECT DISPUTE FORM - CONSUMERS

### DIRECT DISPUTE INFORMATION

Please complete this form to report inaccurate information that is listed on a consumer report involving your account with Credit Acceptance. The dispute form and any additional or supporting information should be mailed to the following address:

**Credit Acceptance Corporation**  
 Attn: Credit Reporting Department  
 PO Box 5070  
 Southfield, MI 48086-5070

Please note, this address is for credit reporting disputes only any/all other requests sent to this address may not be acknowledged by the appropriate party

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

Experian Dispute     Equifax Dispute     Trans Union Dispute

Please include a copy of your credit report that relates to your dispute.

### Check the appropriate box(es) that describe the information you believe to be incorrect:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Identity theft/fraud/liability on account  | <input type="checkbox"/> High balance or current balance                                | <input type="checkbox"/> Bankruptcy or other public record items on consumer report |
| <input type="checkbox"/> Individual or joint liability              | <input type="checkbox"/> Payment status, account status, performance or payment history | <input type="checkbox"/> Other (describe below)                                     |
| <input type="checkbox"/> Type of account                            | <input type="checkbox"/> Open date, close date, payment date, or delinquency date       |   |
| <input type="checkbox"/> Actual payment or scheduled payment amount |   |   |

\*\* If your dispute is based on possible fraud or identity theft, please provide a copy of your driver's license, social security card, FTC Affidavit of Fraud, and police report\*\*

Customer Name	Account Number
Customer Address	Last Four Digits of SSN
City                      State                      Zip	Email Address
Home Telephone No.	Work/Cell Telephone No.

### DETAILS OR REASONS FOR DISPUTING THE TRANSACTION(S)


### CUSTOMER STATEMENT

The statements I have made on this dispute form are true and correct.

\_\_\_\_\_

Customer Signature

\_\_\_\_\_

Date

### ADDITIONAL INFORMATION REGARDING YOUR DISPUTE

- Credit Acceptance is not required to investigate disputes deemed frivolous or irrelevant under the following circumstances:
1. If the dispute is submitted by or on behalf of the consumer, or on a form supplied to the consumer, by a credit repair organization.
  2. Credit Acceptance does not have sufficient information to investigate the claim.
  3. The disputed information is substantially the same as a dispute previously submitted wherein Credit Acceptance has already satisfied its obligation to investigate the dispute and no new information was provided.

If the dispute is determined to be frivolous or irrelevant, Credit Acceptance will notify you by mail.