AMRENT DISPUTE FORM

Section 1. Please fill out the following information:			
First Name:	Middle Name:	Last Name:	
Generation: (Circle One, If Applicable) Sr., Jr., II, III, IV, V, VI, VII, VIII, IX			
Street Address: (Incl. Apt)	City:	State:	Zip Code:
Social Security Number: - -	Date of Birth: (MM/DD/YY) / /	Phone: ( ) -	

Section 2. Items you believe to be incorrect:		
CREDITOR'S NAME	ACCOUNT NUMBER	REASON FOR DISPUTE
PUBLIC RECORD ITEM	CASE/DOCKET NUMBER	REASON FOR DISPUTE

In order to process your request quickly, return this form with any specific disputes you may have. Please include copies of any supporting documentation. AmRent will notify you by mail of the completed investigation and send you a copy of the results.

_____ _____

SIGNATURE **DATE**

Send This Form To:

AmRent Consumer Assistance
PO Box 530091
Atlanta, GA 30353
or
Fax: 855-447-8328