



enlighten | enable | empower

### Equifax Credit Watch™ by Mail Enrollment Instructions

- Complete all of the information below and mail to Equifax Personal Solutions

Please use a Black or Blue pen and write your responses in PRINTED CAPITAL LETTERS without touching the sides of the boxes like the examples below.

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 0 1 2 3 4 5 6 7 8 9

**Social Security Number [REQUIRED FIELD]**

-   -

**Date of Birth [REQUIRED FIELD]**

/   /       
Month Day Year

**First Name [REQUIRED FIELD]**

**M.I.**

**Last Name [REQUIRED FIELD]**

**JR, SR, III, etc.**

**Current Mailing Address [REQUIRED FIELD]**

House Number

Street Name

Apartment Number / Private Mailbox

City

State

Zip Code

**Gender [REQUIRED FIELD]**

(M/F)

**Daytime Telephone Number [REQUIRED FIELD]**

(   )    -

**Promotion Code [REQUIRED FIELD]**

-

Must Fill In to Obtain Product

### Fair Credit Reporting Act

I authorize Equifax Consumer Services, Inc. ("Equifax") to obtain my credit report and monitor my credit file at one or more consumer reporting agencies, as necessary for me to receive Equifax Credit Watch™ (the "Service"). I understand that Equifax cannot accept authorization from any person other than the individual joining the service and confirm that I am at least 18 years of age and I am requesting my own personal information. I understand that there will be additional terms and conditions included in the Service materials that I will receive, including without limitation additional provisions regarding cancellation rights, and limitations on Equifax's liability, and I will be bound by those terms and conditions unless I immediately cancel the Service upon receipt of the complete terms and conditions.

Signature (Required)

Date

E-Mail Address (Optional)

### Please Mail this form to:

**Equifax Personal Solutions**

**P. O. Box 1377**

**Andalusia, AL 36420**