



Date: \_\_\_\_\_

If you recently received an adverse action notice and the sender indicated they may have based their decision, in part, on the information provided to them by DataX, Ltd. you are entitled to free copy of your report. You are also eligible to receive a free report every 12 months from DataX Ltd. If you are currently unemployed or receive public assistance you may also be eligible for a free report. Please complete this form and mail it to our office:

DataX, Ltd.  
325 E. Warm Springs Road, Suite 202  
Las Vegas, NV 89119  
Attention: Customer Service

**From:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Maiden Name or other last names: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Please indicate the reason you are requesting a free report: \_\_\_\_\_

If your reason is due to adverse action, we need the following information:

Loan Decline or Adverse Action Date: \_\_\_\_\_ Company Name: \_\_\_\_\_

Addresses of any other residences you have occupied in the last five years (attach additional sheets if necessary):

Address 1: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Address 2: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Address 3: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**\*This form is not complete unless you have signed your name in the designated place and included a copy of your Driver's License.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**IMPORTANT:** OBTAINING INFORMATION UNDER FALSE PRETENSES IS ILLEGAL. OBTAINING A REPORT ON SOMEONE OTHER THAN YOU IS PUNISHABLE BY LAW, AND MAY RESULT IN FINES AND/OR IMPRISONMENT.