

UNIVERSAL DATA FORM

This form has been approved for reporting or updating account information.
 New Change If Change makes trade current, is previous delinquency history
 Delete to be deleted? Yes No

(Do not include security passwords with codes below.)

Subscriber Name: _____ CCA Subscriber Code: _____

 Subscriber Address: _____ TRW Subscriber Code: _____

 _____ TU Subscriber Code: _____

CONSUMER INFORMATION

Surname		First	M.I.	Suffix	SSN	DOB/Age	
Current Address				City		State	Zip
Previous Address			City		State	Zip	Telephone, if available
Current Employer Name		Occupation			City		State
Spouse Surname		First	M.I.	Suffix	SSN	DOB/Age	
Additional Spouse Information (Complete only if joint account)							
Spouse Address				City		State	Zip
Spouse Employer Name		Occupation			City		State

CURRENT/HISTORICAL ACCOUNT INFORMATION (See tables on reverse side for codes.)

Account Number			Date Open	Present Status			High Credit	Payment History												Type Acct/ MOP
				Date	Balance	Amount Past Due		Indicate whether: <input type="checkbox"/> MOP HISTORY, OR <input type="checkbox"/> No. of Payments Delinquent												
Metro Status Code	Credit Limit	Terms/Amount	Date Last Payment	Maximum Delinquency			Status/ Closed Date*	Date of First Delinquency				ECOA								
				Date	Amount	MOP														
							Required by FCRA for Collections or Charge-offs													
Type of Loan/Collateral			Special Comments/Remarks [#]				Historical Status													
							No. of Months	30 days	60 days	90 days										

*Must be present when reporting a charge-off or repossession.

[#]Required by FCRA if account in disputed or closed by the consumer.

Automated Manual

When you sign this form, you certify that you computer and/or manual records have been adjusted to reflect any changes made.

Reason for deletion or status change from adverse to favorable: _____

Authorized Signature: _____

Date: _____

Please Print Name: _____

Telephone: _____