

Sample Credit Report

Credit Reporting Agency

Please address all future correspondence to:

Credit Reporting Agency
P.O. Box 0000
City, State Zip Code
(800) 000-0000

Sample Credit File

Personal Identification Information

Your Name Social Security #: 000-00-0000
1234 Your Street Date of Birth: May 23, 1972
City, State 00000

Previous Address(es):

4567 The Rd., City, State 00000
P.O. Box 0000, City, State 00000

Last Reported Employment: Facilities Manager

Public Record Information

Lien filed 02/95; Big CTY; Case or other ID number-00000; amount-\$27045; Class-state; Released 07/95; Verified 02/97

Bankruptcy filed 10/91; Any District Ct; Case or other ID number-000AB00; Liabilities-\$13072; Personal; Individual; Discharged; Assets-\$790

Collection Agency Account Information

Any Collection Agency (800) 000-0000
Collection Reported 07/01; Assigned 09/01 to Any Collection Agency (800) 000-0000 Client - ABC Hospital; Amount-\$921; Paid collection account.

Credit Account Information

Company Name	Account Number	Whose Acct.	Date Opened	Months Review	Date of Last Activity	High Credit	Terms	Items as of Date Reported			Date Rptd.
								Balance	Past Due	Status	
1	2	3	4	5	6	7	8	9	10	11	12
Bank	1234	I	04/98	24	4/01	\$750		\$0		I1	3/01
Store	5678	J	12/00	36	12/01	\$1000		\$0		R1	1/01
Auto	9101	I	5/97	48	12/00	\$2400	\$50	\$300	\$200	I5	4/01

Previous Payment History: 3 Times 30 days late; 4 Times 60 days late

Companies that Requested your Credit File

08/06/00 Bureau Disclosure 12/27/01 Department Store
03/01/01 Bankcard 01/23/01 Bankcard