

(Send by certified mail)
Your full name
Current mailing address
Experian credit report file # _____

Date

Experian
P.O. Box 9532
Allen, TX 75013

Dear Sir or Madam:

Please add the following statement to my credit file in reference to [account number and name of creditor]:

I was diagnosed with a serious illness on [date]. As I underwent treatment over the next few months, I was too ill to work. Without an income and with major medical bills to pay, I made late payments or missed payments altogether on several credit card accounts, including [names of specific accounts]. I have now recovered from my illness, returned to full-time employment and negotiated payment schedules with [names of creditors]. I consider the problem resolved and expect no future effect on my finances.

I have included the following information as confirmation of my identity.

- Phone number: _____
- Previous addresses from last two years: _____
- Social Security number: _____
- Date of birth: _____

I have also enclosed a copy of my [type of government-issued ID card, such as a driver's license or passport] and a [utility bill or bank statement] to authenticate my identity.

Thank you for your prompt attention to this matter.

Sincerely,
[Signature]
Your full name