



Consumer Report Request

Date: _____

If your recent request for a loan was denied due to information provided to the lender by Neo Finance Inc, you are entitled to a free copy of that same information. Please complete this form and mail it to our office:

Neo Finance Inc.
700 Villa Centre Way,
San Jose, CA 95128
Attention: Customer Service

IMPORTANT: For security reasons, please do not send plain text personal information such as social security numbers, DOB, etc... via email.

Last Name: _____ First Name: _____ MI: _____

Maiden Name or other last names: _____

Social Security Number: _____ DOB: _____

Driver's License Number: _____ State: _____

Address: _____ City, State, Zip: _____

To process your request for a Neo Finance Inc. consumer report, we need the following information:

Loan Decline Date or Date of Adverse Action Notice: _____

Company Name: _____

Addresses of any other residences you have occupied in the last five years:

Address 1: _____ City, State, Zip: _____

Address 2: _____ City, State, Zip: _____

Address 3: _____ City, State, Zip: _____



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***This form will not be considered 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.