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ATTACHMENT

**EQUIFAX CREDIT WATCH™ with 3-in-1 MONITORING ENROLLMENT INSTRUCTIONS**

**Paper enrollment via U.S. Mail**

Complete the information shown below and mail or fax to receive your Equifax Credit Watch™ with 3-in-1 Monitoring.

YES, I would like my complimentary Equifax Credit Watch™ with 3-in-1 Monitoring subscription.

\_\_\_\_\_  
**Name (First, Middle Initial, Last)**

\_\_\_\_\_  
**Address (House #, Street Name)**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip Code**

\_\_\_\_\_  
**Date of Birth (MM/DD/YYYY)**

\_\_\_\_\_  
**Gender (M/F)**

\_\_\_\_\_  
**Daytime Phone Number**

□□□□ — □□ — □□□□

**Social Security Number (required to obtain a credit file)**

\_\_\_\_\_  
**Promotional Code (MUST FILL IN NUMBERS)**

**Fair Credit Reporting Act**

I authorize Equifax Consumer Services, Inc. ("Equifax") to obtain my credit report and monitor my credit file at one or more consumer reporting agencies, as necessary for me to receive Equifax Credit Watch™ (the "Service"). I understand that Equifax cannot accept authorization from any person other than the individual joining the service and confirm that I am at least 18 years of age and I am requesting my own personal information. I understand that there will be additional terms and conditions included in the Service materials that I will receive, including without limitation additional provisions regarding cancellation rights, and limitations on Equifax's liability, and I will be bound by those terms and conditions unless I immediately cancel the Service upon receipt of the complete terms and conditions.

\_\_\_\_\_  
**Signature (Required)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**E-Mail Address (Optional)**

**Please return this form by either:**

**FAX: 1-800-437-4675 (toll-free)**

**OR**

**MAIL: Equifax Consumer Services**

**P.O. Box 105496**

**Atlanta, GA 30348**