



RAPID RESCORE REQUEST

Phone # 714-500-3264 Fax # 714-847-2146

COMPANY NAME: DATE:

REQUESTED BY: PHONE/EXT:

EMAIL: FAX:

BORROWER NAME:

SS#:

REQUIREMENTS FOR RAPID RE-SCORE

- All requests must be prepared on the creditor’s letterhead with contact name and phone number for verification.
- All documents must be **CURRENTLY** dated and reflect the account number.

RE-SCORING FEES

- 1 Item, 1 Bureau, 1 Borrower \$35.00 \$_____
- 24 Hr Rush Fee Experian or Equifax \$35.00 \$_____
- No Document Fee Experian or Equifax (Per Item) \$35.00 \$_____
- ___ Bureau ___ Score Infile When Rescore Is Complete Clients Pricing

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AUTHORIZING SIGNATURE TO PERFORM RE-SCORE

.....
DATE



Pay Re-scoring by Credit Card

MFI Credit Solutions accepts Visa, MasterCard, American Express and Discover card payments. Just complete the form below and mail or fax it back to us. We will charge your credit card for the re-scoring you reference.

Fax to: 714-847-2146
Mail to: MFI Credit Solutions
Attn: Credit Card Proc For Re-Score Department
18685 Main St #101 PMB624
Huntington Beach, CA 92648

Please indicate below if you wish to charge all future invoices to your credit card.



Credit Card Payment Authorization

Company Name: _____ Client Number: _____
Cardholder Name: _____
Cardholder Address: _____
City, State: _____ Zip Code: _____
Credit Card Number: _____ Expiration: _____
CC Authorization code (from signature bar on back of card): _____

Card Type (circle): VISA American Express MasterCard Discover Card

Reference #: _____ Re-scoring charge: _____
New file charge: _____
Total: _____

I hereby authorize MFI Credit Solutions to charge payment in the above-indicated amount for the referenced re-scoring to my credit card account. If your account falls more than 30 days past due MFI Credit Solutions may charge your credit card for any past due invoices. According to the merchant and cardholder agreements, I recognize that this amount can only be charged to me as MFI Credit Solutions direct client, and cannot be charged to the borrower. By signing below, I am agreeing that I am the person whose name and information appears above.

Cardholder Signature: _____ Date: _____

Revised 10/20/09

**18685-101 Main St PMB624, Huntington Beach, CA 92648
(714) 500-3264 Phone (714) 847-2146 Fax**

TRADELINES TO BE CHANGED

1.

_____ EXPERIAN

_____ BORROWER

_____ TRANS UNION

_____ CO-BORROWER

_____ EQUIFAX

_____ JOINT

CREDITOR NAME: _____

ACCOUNT #: _____

CHANGE REQUEST: _____

2.

_____ EXPERIAN

_____ BORROWER

_____ TRANS UNION

_____ CO-BORROWER

_____ EQUIFAX

_____ JOINT

CREDITOR NAME: _____

ACCOUNT #: _____

CHANGE REQUEST: _____

3.

_____ EXPERIAN

_____ BORROWER

_____ TRANS UNION

_____ CO-BORROWER

_____ EQUIFAX

_____ JOINT

CREDITOR NAME: _____

ACCOUNT #: _____

CHANGE REQUEST: _____

4.

_____ EXPERIAN

_____ BORROWER

_____ TRANS UNION

_____ CO-BORROWER

_____ EQUIFAX

_____ JOINT

CREDITOR NAME: _____

ACCOUNT #: _____

CHANGE REQUEST: _____