

## CONSUMER DISCLOSURE INSTRUCTIONS

*Please read the following instructions carefully. Failure to follow these instructions may delay processing of your request.*

### OBTAINING YOUR CONSUMER FILE

1. Under the Fair Credit Reporting Act (FCRA), you are entitled to a free copy of the information contained in your consumer file, if, within 60 days prior to your request, you have been notified of an adverse action taken towards you based upon information appearing in your consumer file, such as, denial of employment or promotion, reassigned or terminated, and/or demoted.
2. Under the FCRA, you are entitled to one free copy of your consumer file in any twelve-month period. You are also entitled to a free copy of your consumer file if you certify in writing that you: A) have been notified of an adverse action, as set forth in the preceding paragraph; or B) have reason to believe that your file at the consumer reporting agency contains inaccurate information due to fraud or human error.
3. To help expedite your disclosure request, please complete and sign “Consumer Disclosure Request/Dispute Form” found at [www.ferretly.com](http://www.ferretly.com).
4. Please provide the following forms of identification, along with your completed request form: Photocopy of a valid driver’s license, non- driver’s license OR state, federal or military government-issued photo ID.
5. MAIL the signed and completed form to:

**Ferretly International, LLC**  
**ATTN: Compliance**  
**16 N. Washington Street, Suite 102**  
**Easton, MD 21601**

Disclosure of your Ferretly consumer file will be sent to you within 10 business days of receipt of your completed Disclosure Request Form.



### DISPUTE FORM/CONSUMER DISCLOSURE

Use this form if you want a copy of your consumer file or to dispute an inaccuracy contained in your consumer report furnished by Ferretly International, LLC. Upon receipt of this form by our compliance department we will begin investigation of the disputed items you indicate below. If we find we were in error we will correct as soon as possible. Please provide up to 30 days for the investigation to be completed. We will send you and the requester of this report (e.g., your employer) a copy of our findings via email.

#### YOUR PERSONAL INFORMATION

*(provide valid government ID with this form submission)*

---

YOUR NAME

---

EMPLOYER NAME

---

PHYSICAL ADDRESS

---

EMAIL ADDRESS

---

PHONE NUMBER

#### YOUR DISPUTE/REASON FOR REQUEST

PLEASE DESCRIBE IN DETAIL THE INACCURACIES IN YOUR REPORT AND WHY:

---

---

---

I certify that the information that i have provided on this form is complete and accurate and acknowledge that I am the person for which the consumer report you are disputing was created.

---

SIGNATURE

---

DATE