

## DATA SOURCE CORRECTION FORM

Complete **all** sections, sign and return to CARFAX Data Research Department (Fax 866-226-8123) or mail to: 5860 Trinity Parkway, Suite 600, Centreville, Virginia 20120. Please print legibly in blue or black ink (do not use pencil).

SENDER'S INFORMATION			
Date:	Data Source Name:		Phone and Fax Numbers:
VEHICLE INFORMATION			
Vehicle Make	Vehicle Model	Vehicle Body Type (if applicable	) Vehicle Year
verlicle Make	Verlicie Model	verlicle Body Type (ii applicable	y efficie real
Vehicle Identification Number (One character per space)			
RECORD INFORMATION			
Date of incorrect record:			
Current record information:			
Corrected record information:			
Explanation for change:			
AUTHORIZATION			
The undersigned is an authorized representative of the data source mentioned above and has verified that the record			
submitted to CARFAX, Inc. by their company was in error. Further, the authorized representative agrees that the new			
record submitted to CARFAX, Inc. this day is correct.			
Signature		Date	
X			
Printed Name		Title	

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