



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).

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