



## Investigation Request Form

To ensure that your identity theft investigation request is properly filed with AmeriCredit, please provide the following information: **(please print clearly)**

AmeriCredit Account Number: \_\_\_\_\_

Victim's Full Name: \_\_\_\_\_

Victim's Social Security Number: \_\_\_\_\_

Victim's Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_

E-Mail Address (optional): \_\_\_\_\_

Please provide details of the circumstances surrounding the identity theft claim below.

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Victim's Signature