

CLIENT SET-UP FORM



CREDIT REPORTING COMPANY

Company: Kroll Factual Data Inc. **Date:** _____
Email To: salesliaison@krollfactualdata.com **or Fax To:** 866-870-9524

CLIENT INFORMATION

Business Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Contact Name: _____ **Email:** _____

Phone: _____ **Fax:** _____

Kroll Factual Data Account Code:

Office Code: _____ **Client Code:** _____

Client Information: (For Third Party Originators)

Lender Name(s) for your reissues:

Your TPO#: _____
(Third Party Originator Number)

Client Information: (For Freddie Mac Seller Servicers)

Your Seller Servicer ID # _____

Please contact Account Services with any questions you may have
@ **800-929-3400** extension **444**