



Subscriber Name: LS FINANCING
 Subscriber Code/Market: F 2613540 12 01
 Results Issued: 7/09/19 12:20 CT

TRANSUNION CONSUMER CREDIT REPORT

INPUT PARAMETERS FOR PRIMARY SUBJECT

Reference ID:
 SSN:
 Name: Soto, Estephanie
 Current Address: 277 Francis St
 San Diego CA.92102

SOTO , ESTEPHANIE

Also Known As:

ANDRADE, ESTEPHANIE
 ANDRADE, ESTAPHANIE

SSN: 000-00-7144
Date of Birth: 09/91

Phone:

In File Since: 6/12

Current Address:

277 FRACIF ST.
 SAN DIEGO CA. 92102
 Reported 3/19

Previous Address:

342 TEX ST.
 MESQUITE NV. 89027
 Reported 5/12

ALERTS AND SPECIAL MESSAGES

Type

Explanation

ID MISMATCH ALERT

4 INQUIRIES IN THE LAST 60 DAYS

SCORING

Type

Score

Explanation

VANTAGESCOR3

+537

97 You have too few credit accounts
 95 You have too many collection agency accounts that are unpaid
 04 The balances on your accounts are too high compared to loan amounts
 74 The balance amount paid down on your open installment accounts is too low
 SCORECARD: 03
 Note: In addition to the factors listed above, the number of inquiries on the consumer's credit file has adversely impacted the credit score.

CREDIT INFORMATION Summary (Total History)

Public Records: 0 **Collections:** 6 **Trades:** 2 **Inquiries:** 7

Negative Trade Accounts: 0 **Trade Accounts with Any Historical Negatives:** 0 **Occurrence of Historical Negatives:** 0

	Count	High Credit	Credit Limit	Balance	Past Due	Payment	Available
Revolving	1	\$446	\$0	\$247	\$0	\$75	45%
Installment	1	\$1,000	\$0	\$1,087	\$0	\$116	n/a
Total	2	\$1,446	\$0	\$1,334	\$0	\$191	

COLLECTIONS

I C SYSTEM (Y 2834002)	Account # 58176800	Account Rating O9B
Original Creditor: MEDICAL(medicalOrHealthCare)	Remarks: PLACED FOR COLLECTION	Amount Placed: \$101
Account Type: OPEN		Balance: \$101
Responsibility: I		Past Due: \$101
		Last Payment:
		Opened: 12/13
		Paid:
		Closed:
		Verified: 6/19
		Update Method: automated
Delinquency	Maximum:	Payment Pattern
	Amount:	Start Date:
	Date:	
I C SYSTEM (Y 2834002)	Account # 58177449	Account Rating O9B
Original Creditor: MEDICAL(medicalOrHealthCare)	Remarks: PLACED FOR COLLECTION	Amount Placed: \$939
Account Type: OPEN		Balance: \$939
Responsibility: I		Past Due: \$939
		Last Payment:
		Opened: 10/13
		Paid:
		Closed:
		Verified: 6/19
		Update Method: automated
Delinquency	Maximum:	Payment Pattern
	Amount:	Start Date:
	Date:	
I C SYSTEM (Y 2834002)	Account # 58178966	Account Rating O9B
Original Creditor: MEDICAL(medicalOrHealthCare)	Remarks: PLACED FOR COLLECTION	Amount Placed: \$61
Account Type: OPEN		Balance: \$61
Responsibility: I		Past Due: \$61
		Last Payment:
		Opened: 8/13
		Paid:
		Closed:
		Verified: 6/19
		Update Method: automated
Delinquency	Maximum:	Payment Pattern
	Amount:	Start Date:
	Date:	
I C SYSTEM (Y 2834002)	Account # 58185438	Account Rating O9B
Original Creditor: MEDICAL(medicalOrHealthCare)	Remarks: PLACED FOR COLLECTION	Amount Placed: \$66
Account Type: OPEN		Balance: \$66
Responsibility: I		Past Due: \$66
		Last Payment:
		Opened: 6/13
		Paid:
		Closed:
		Verified: 6/19
		Update Method: automated
Delinquency	Maximum:	Payment Pattern
	Amount:	Start Date:
	Date:	
I C SYSTEM (Y 2834002)	Account # 58192442	Account Rating O9B
Original Creditor: MEDICAL(medicalOrHealthCare)	Remarks: PLACED FOR COLLECTION	Amount Placed: \$61
Account Type: OPEN		Balance: \$61
Responsibility: I		Past Due: \$61
		Last Payment:
		Opened: 6/13
		Paid:
		Closed:
		Verified: 6/19
		Update Method: automated
Delinquency	Maximum:	Payment Pattern
	Amount:	Start Date:
	Date:	

COLLECTIONS

CSO FNCL INC (Y 923N001) Account # 1353006 Account Rating O9B
Original Creditor: RIO VIRGIN TELEPHONE CO(utilities) **Remarks:** PLACED FOR COLLECTION **Amount Placed:** \$240 **Opened:** 10/13
Account Type: OPEN **Balance:** \$240 **Paid:**
Responsibility: I **Past Due:** \$240 **Closed:**
Last Payment: **Verified:** 6/19
Update Method: automated

Delinquency **Maximum:** **Payment Pattern**
Amount: **Start Date:**
Date:

TRADES

DN RBRT0 JWL (J 0956X015) Account # 7224 Account Rating R01
Type: REVOLVING **Credit Limit:** **Balance:** \$247 **Opened:** 3/19
Loan Type: CHARGE ACCOUNT **High Credit:** \$446 **Past Due:** \$0 **Paid:**
Responsibility: I **Terms:** MIN75 **Last Payment:** **Closed:**
Remarks: **Charge Off:** **Verified:** 6/19
Update Method: automated
Late Payments 0 0 0 **Delinquency** **Maximum:** **Payment Pattern**
(03 Months) 30 60 90 **Amount:** **Months 1-12:** 111
Date:

LENDIFY FIN (F 02G6T001) Account # 103687443101 Account Rating I01
Type: INSTALLMENT **Credit Limit:** **Balance:** \$1,087 **Opened:** 5/19
Loan Type: UNSECURED **High Credit:** \$1,000 **Past Due:** \$0 **Paid:**
Responsibility: I **Terms:** 011M116 **Last Payment:** **Closed:**
Remarks: **Charge Off:** **Verified:** 5/19
Update Method: automated
Late Payments **Delinquency** **Maximum:** **Payment Pattern**
(Months) 30 60 90 **Amount:** **Months 1-12:**
Date:

INQUIRIES

Date	Subscriber Name (Code)	Type	Amount
7/09/19	LS FINANCING (FLA2613540 CAL)		
7/08/19	LENDIFY FINA (FNC4076411 CAL)		
7/02/19	PERRY CHRS D (ALA1903954 CAL)		
6/14/19	CHECKNGO/AXF (FCI1430459 DAY)		
5/13/19	LENDIFY FINA (FNC4076411 CAL)		
4/26/19	CAP ONE (BPC2699824 NTL)		
2/26/19	BK OF AMER (BPH3346328 EAS)		

REPORT SERVICED BY

TRANSUNION
(800) 888-4213
P.O. BOX 1000, CHESTER, PA 19022
CONSUMER DISCLOSURES CAN BE OBTAINED ONLINE THROUGH TRANSUNION AT:
[HTTP://WWW.TRANSUNION.COM](http://www.transunion.com)