

CREDITOR LIST

Name: _____ Record: _____

You must list EVERY debt you owe, not just the debts you want to include. You must fill in ALL blanks below.

Name of Creditor		Account #		Balance \$		What is this debt for? <input type="checkbox"/> Credit Card <input type="checkbox"/> Medical <input type="checkbox"/> Home <input type="checkbox"/> Car	
Address		City		State	ZIP	<input type="checkbox"/> Other/Collateral, please describe: _____	
Date opened / /		Date last used / /				_____	
Who is financially responsible for this debt? <input type="checkbox"/> Indiv/Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Other (If cosigner, please provide name and address)							
Has this debt been turned over to a collection agency? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of collection agency or law firm: _____					
		Address: _____					
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If you have more creditors, ask for additional blank creditor sheets or please make copies of these sheets and renumber. Continue adding and numbering creditors until every debt is listed.

Creditor List ___ of ___

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