

LIST OF CREDITORS

Client Name _____	Today's Date _____
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Please list all of your debts include house, vehicles, credit union, even if you intend to keep the property. Please fill in all blanks and list date last used. List both the original creditor and the collection agency as requested below. Failure to list debt is fraudulent.

Creditor: _____ Address: _____ City, State, Zip _____ Account # _____ Date last used _____ Balance \$ _____ Type (circle one): Credit Card Medical/Dental Utility/Cellular Repo NSF Student Loan Payday Loan Ticket/Fine Taxes Other _____ Collection Agency/Atty _____ Address _____	Creditor: _____ Address: _____ City, State, Zip _____ Account # _____ Date last used _____ Balance \$ _____ Type (circle one): Credit Card Medical/Dental Utility/Cellular Repo NSF Student Loan Payday Loan Ticket/Fine Taxes Other _____ Collection Agency/Atty _____ Address _____
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