

STATE OF The state in which your Company conducts business ) (

COUNTY OF County Name where you're Co. conducts business. ) (

Your Company Name  
(please specify exact entity name)

AFFIDAVIT

I hereby certify and affirm that the claim and cause of action of the Plaintiff, \_\_\_\_\_

Complete here if your Co. is a Sole Prop.  
\_\_\_\_\_  
{ } A Sole Proprietor \_\_\_\_\_ doing business

as \_\_\_\_\_

{ } A Partnership composed of the following partners:

Complete here if your Co. is a partnership. (list all partners)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complete here if your Co. is a Corporation

{ } A Corporation duly incorporated and existing under the virtue of the laws of \_\_\_\_\_  
State of Specify state your Co. is incorporated under \_\_\_\_\_  
Debtor's name here (correct entity if known)

Against the defendant, \_\_\_\_\_

Is the principal sum of \$ Principal amount only (please do not add any other fees!)

I further certify that I am duly qualified, competent to testify to the matters stated herein, and authorized to make this affidavit. I further state that the records of this account are maintained under my supervision, and the amount of the claim is just and true to the best of my personal knowledge, and that all just and lawful offsets, payments and credits have been allowed.

This affidavit executed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

→ Sign your name here  
\_\_\_\_\_  
Signature  
→ Print or type your name here  
\_\_\_\_\_  
Typed or printed name

The foregoing affidavit sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

For notary to complete

Notary Public in and for the State of \_\_\_\_\_

For notary to complete

My Commission Expires: \_\_\_\_\_

This area is for the notary to complete. Please make sure to have the notary use blue ink. Please send the original copy to CMI Legal Forwarding Division PO Box 28851, Philadelphia PA 19151.