

Creditor Listing Sheet

Please fill in all information

NAME

(Last, First M.I.)

Original Creditor: _____

Address: _____

Street Address

City

State

Zip

In whose name (Circle One): **H W J**

Address of co-debtor: _____

Street Address

City

State

Zip

Acct. #: _____

Balance: _____

Date opened/incurred: _____

Date last used: _____

Type: ☐C.C. ☐Med ☐Mort ☐Auto

☐NSF ☐Util. ☐Loan (Type) _____

Collection Agency: _____

Address: _____

Street Address

City

State

Zip

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