

A 501(c)(3) Non-Profit Organization
 Phone: (954) 227-7221
 Fax: (954) 656-8113
 www.myadc.org

*First, please make copies of this form. Thank you.
 Include current statements if available.
 Print clearly.*

Client Information		Co-Client Information	
Social Security Number: _____	_____	Social Security Number: _____	_____
Last Name: _____	_____	Last Name: _____	_____
First Name: _____	_____	First Name: _____	_____
Address: _____	_____	Address: _____	_____
City: _____	_____	City: _____	_____
State: _____	ZIP: _____	State: _____	ZIP: _____
Home Phone: _____	_____	Home Phone: _____	_____
Work Phone: _____	_____	Work Phone: _____	_____

Creditor Information

Name: _____

Account Number: _____ Address: _____

Balance: _____ City: _____

Phone Number: _____ State: _____ ZIP: _____

Who is the **ORIGINAL** creditor? _____ **ORIGINAL** Phone Number: _____

Name: _____

Account Number: _____ Address: _____

Balance: _____ City: _____

Phone Number: _____ State: _____ ZIP: _____

Who is the **ORIGINAL** creditor? _____ **ORIGINAL** Phone Number: _____

Name: _____

Account Number: _____ Address: _____

Balance: _____ City: _____

Phone Number: _____ State: _____ ZIP: _____

Who is the **ORIGINAL** creditor? _____ **ORIGINAL** Phone Number: _____

Name: _____

Account Number: _____ Address: _____

Balance: _____ City: _____

Phone Number: _____ State: _____ ZIP: _____

Who is the **ORIGINAL** creditor? _____ **ORIGINAL** Phone Number: _____

Name: _____

Account Number: _____ Address: _____

Balance: _____ City: _____

Phone Number: _____ State: _____ ZIP: _____

Who is the **ORIGINAL** creditor? _____ **ORIGINAL** Phone Number: _____

Name: _____

Account Number: _____ Address: _____

Balance: _____ City: _____

Phone Number: _____ State: _____ ZIP: _____

Who is the **ORIGINAL** creditor? _____ **ORIGINAL** Phone Number: _____
