

Creditor Information Sheet

Creditor Name: _____

Creditor Address, City, State and Zip: _____

Account Number: _____

Balance Due: _____ Type of Debt: Secured _____ Unsecured _____ Taxes _____

If secured, what is the collateral? _____

If secured, how far behind are you on payments? \$ _____

Purpose of Debt: Credit Card _____ Personal Loan _____ Business Loan _____ Contract _____

Medical Bill _____ Contract _____ Auto Loan _____ Mortgage _____ Other _____

Person Responsible: Husband _____ Wife _____ Joint _____ Other _____

If you paid or charged more than \$600.00 in the last 90 days, state the date and amount of each: _____

If referred to a collection agency or attorney, state their name and complete address: _____

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