



P.O. Box 9228
Virginia Beach, VA 23450
(757) 340-2564 Fax (757) 498-6432
Toll Free (800) 4-0-DEBTS
Toll Free Fax (800) 256-3504

Listing of Creditors

Name of Creditor: _____ Account # _____
Address: _____ Phone: (____) _____ - _____
City: _____ State: _____ Zip: _____
Balance: \$ _____ Due Date: ____/____/____ Monthly Payment: \$ _____

Name of Creditor: _____ Account # _____
Address: _____ Phone: (____) _____ - _____
City: _____ State: _____ Zip: _____
Balance: \$ _____ Due Date: ____/____/____ Monthly Payment: \$ _____

Name of Creditor: _____ Account # _____
Address: _____ Phone: (____) _____ - _____
City: _____ State: _____ Zip: _____
Balance: \$ _____ Due Date: ____/____/____ Monthly Payment: \$ _____

Name of Creditor: _____ Account # _____
Address: _____ Phone: (____) _____ - _____
City: _____ State: _____ Zip: _____
Balance: \$ _____ Due Date: ____/____/____ Monthly Payment: \$ _____

Name of Creditor: _____ Account # _____
Address: _____ Phone: (____) _____ - _____
City: _____ State: _____ Zip: _____
Balance: \$ _____ Due Date: ____/____/____ Monthly Payment: \$ _____

Name of Creditor: _____ Account # _____
Address: _____ Phone: (____) _____ - _____
City: _____ State: _____ Zip: _____
Balance: \$ _____ Due Date: ____/____/____ Monthly Payment: \$ _____

Print additional copies of this sheet if you have more than 6 creditors to list.
**** For verification of accuracy, include current copies of most recent statements ****