



A 501(c)(3) Not-For-Profit Organization
 Phone: (866) 297-7944
 Fax: (501) 588-0217
www.myfhs.org

Creditor Listing Form

*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: _____
