DEBT CONSOLIDATION CREDITOR LISTING SHEET

Your Name:		**Home Phone #:**	**You receive your paycheck (Check One)**
Spouse (Optional):		**Work Phone #:**	☐ Weekly ☐ Bi-Weekly ☐ Monthly
Address:			
City:	**State:**	**Zip:**	

Creditor Name	Account Number	Balance	Regular Payment Amount	# of Payments Behind	Complete Mailing Address	Area Code & Phone Number

Please neatly print and list all of your bills. Also, indicate if there are any other names on these accounts. Fax or email the completed sheet to:
631-629-4810 / info@onepaymentlaw.com

www.OnePaymentLaw.com