

Community Credit Counseling Corp

Telephone: (800) 564-1499 Fax: (800) 220-9651

Client: _____ Client SS#: _____

Tel.# (Day) _____ Tel# (Eve): _____

Creditor's Name	Current Balance \$	Monthly Payment \$	Current Interest Rate %	Credit YES () Card NO ()
Address	City	State	Zip	(Area Code) Te.##
Account Number	# Payments Behind	Secured () Yes Loan () No	New Interest Rate %	Proposed Monthly Payment \$
If this is an account with a collection agency or was sold to another creditor, list original creditor & account # : _____ *Please list primary cardholder's name if you are not the primary cardholder.				
Creditor's Name	Current Balance \$	Monthly Payment \$	Current Interest Rate %	Credit YES () Card NO ()
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If you need more space, please photocopy this sheet.