

ACCOUNT LISTING FORM

CLIENT (YOUR) NAME _____

DEBTOR'S NAME _____

SSN _____ DOB _____

SPOUSE'S NAME _____

SSN _____ DOB _____

CURRENT ADDRESS _____

_____ PH# _____

IS MAIL RETURNED? YES NO

DEBTOR'S EMPLOYMENT _____

SPOUSE'S EMPLOYMENT _____

CO-MAKER INFO NAME _____

ADDRESS _____

PHONE _____

EMPLOYMENT _____ PHONE _____

NEAREST RELATIVE NAME _____

OR REFERENCE ADDRESS _____

PHONE _____

BALANCE OWING (PRINCIPAL) _____ INTEREST _____

LAST CHARGE DATE _____ LAST PAYMENT DATE _____

EXPLANATION OF DEBT _____

OTHER COMMENTS _____

SEND TO:



CREDIT SYSTEMS, INC.

1485 GARDEN OF THE GODS ROAD

SUITE 120

COLORADO SPRINGS, CO 80907

(719) 380-1393

(719) 380-1617 FAX