PROVIDE COMPLETE INFORMATION FOR EVERY CREDITOR

Creditor ExampleJIM SMITH'S USED CARS, INC	Creditor #1		
Name of Creditor	Name of Creditor		
1729 E Jackson St			
Street Address or P.O. Box	Street Address of P.O. Box		
Tologo OV 5446			
Tulsa OK 74146 City State Zip	City State Zip		
	Sinte Zip		
5780-6113-9965-2346			
Account Number	Account Number		
\$12, 489.00			
Amount Owed or Payoff-Whichever is less	Amount owed or Payoff-Whichever is less		
JUNE OF 2000			
Date Debt was incurred or Last Charge	Date Debt was incurred or Last Charge		
INT. \$320.00 \$640.00 RATE: 21%	INT.		
Monthly Payment & Amount Behind, if any	RATE: Monthly Payment & Amount Behind, if any		
·			
1998 F-150 EXTENDED CAB PICKUP			
Description of Collateral, if any	Description of Collateral, if any		
\$12,500.00	ŧ.		
Value of Collateral	Value of Collateral		
ድዕፈስ ዕዕ			
\$960.00 How much has been paid to this creditor in	How much has been paid to this creditor in		
the last 90 days- IF \$600 OR MORE	the last 90 days- IF \$600 OR MORE		
	•		
CHARLOTTE JOHNSON (MOTHER) Name of Co-signor, If Other than Spouse	Name of Classica and If Other than Course		
Name of Co-signor, if Other than Spouse	Name of Co-signor, If Other than Spouse		
Circle One: Who is responsible for this debt?	Circle One: Who is responsible for this debt?		
Husband Wife Joint	Husband Wife Joint		
If Creditor has a Collection Agency/Attorney	If Creditor has a Collection Agency/Attorney		
collecting debt, please provide:	collecting debt, please provide:		
TULSA ADJUSTMENT BUREAU Name of Agency/Attorney	Name of Agency/Attorney		
Name of Agency/Actorney	Name of Agency/Attorney		
PO BOX 52039			
Street Address or P.O. Box	Street Address or P.O. Box		
TULSA OK 74152			
City State Zip	City State Zip		
Office Use Only:	Office Use Only:		
Reaffirm RedeemSurrender	Reaffirm RedeemSurrender		
Additional Info	Additional Info		

Creditor #	9 2		Creditor #3		V _o 1
Name of Creditor		Name of Creditor			
Street Add	lress or P.O. Box		Street Add	ress of P.O. Bo	X
City	State	Zip	City	State	Zip
Account Number			Account N	umber	
Amount O	wed or Payoff-Wi	hichever is less	Amount ow	ed or Payoff-V	Vhichever is less
Date Debt	was incurred or I	ast Charge INT. RATE:	Date Debt	was incurred o	or Last Charge INT. RATE:
Monthly P	ayment & Amoun		Monthly Pa	ayment & Amo	ount Behind, if any
Description of Collateral, if any			Description	of Collateral,	if any
Value of Collateral			Value of C	ollateral	
How much has been paid to this creditor in the last 90 days- IF \$600 OR MORE				has been paid days- IF \$600 (to this creditor in OR MORE
Name of C	o-signor, If Other	than Spouse	Name of Co	o-signor, If Otl	ner than Spouse
Circle One Husband	: Who is responsi Wife	ble for this debt? Joint	Circle One: Husband	Who is respons Wife	sible for this debt? Joint
If Creditor has a Collection Agency/Attorney collecting debt, please provide:			nas a Collection ebt, please prov	n Agency/Attorney vide:	
Name of Agency/Attorney		Name of Ag	ency/Attorney		
Street Add	ress or P.O. Box		Street Addre	ess or P.O. Box	
City Office Use Reaffirm		Zip Surrender	City Office Use (Reaffirm		Zip Surrender
		Surrender		Info	

	Creditor #5	
Name of Creditor	Name of Creditor	
Street Address or P.O. Box	Street Address of P.O. Box	
City State Zip	City State Zip	
Account Number	Account Number	
Amount Owed or Payoff-Whichever is less	Amount owed or Payoff-Whichever is less	
Date Debt was incurred or Last Charge INT. RATE:	Date Debt was incurred or Last Charge INT. RATE:	
Monthly Payment & Amount Behind, if any	Monthly Payment & Amount Behind, if an	
Description of Collateral, if any	Description of Collateral, if any	
Value of Collateral	Value of Collateral	
How much has been paid to this creditor in the last 90 days- IF \$600 OR MORE	How much has been paid to this creditor in the last 90 days- IF \$600 OR MORE	
Name of Co-signor, If Other than Spouse	Name of Co-signor, If Other than Spouse	
Circle One: Who is responsible for this debt? Husband Wife Joint	Circle One: Who is responsible for this debt Husband Wife Joint	
If Creditor has a Collection Agency/Attorney collecting debt, please provide:	If Creditor has a Collection Agency/Attorn collecting debt, please provide:	
Name of Agency/Attorney	Name of Agency/Attorney	
Street Address or P.O. Box	Street Address or P.O. Box	
City State Zip Office Use Only:	City State Zip Office Use Only:	

Creditor #	6		Creditor #	7	w
Name of C	reditor		Name of C	Creditor	
Street Add	ress or P.O. Box	- No Management	Street Add	lress of P.O. Box	τ
City	State	Zip	City	State	Zip
Account Number			Account I	Number	
Amount O	wed or Payoff-W	hichever is less	Amount o	wed or Payoff-W	hichever is less
Date Debt was incurred or Last Charge INT. RATE:			Date Deb	t was incurred o	r Last Charge INT. RATE:
Monthly Payment & Amount Behind, if any			Monthly I	Payment & Amo	unt Behind, if any
Description of Collateral, if any			Description	on of Collateral, i	if any
Value of C	ollateral		Value of (Collateral	
	has been paid to days- IF \$600 OF		How much has been paid to this creditor in the last 90 days- IF \$600 OR MORE		
Name of Co-signor, If Other than Spouse			Name of C	Co-signor, If Oth	er than Spouse
Circle One: Who is responsible for this debt? Husband Wife Joint			Circle One: Husband	: Who is respons Wife	ible for this debt? Joint
	has a Collection lebt, please provi	Agency/Attorney de:		has a Collection lebt, please prov	Agency/Attorney ide:
Name of Agency/Attorney			Name of A	gency/Attorney	
Street Add	ress or P.O. Box		Street Add	ress or P.O. Box	
City Office Use Reaffirm	State Only: Redeem	Zip Surrender	City Office Use Reaffirm	State Only: Redeem_	Zip Surrender
Additional	Info		A dditional	Info	

Creditor #8	Creditor #9		
Name of Creditor	Name of Creditor		
Street Address or P.O. Box	Street Address of P.O. Box		
City State Zip	City State Zip		
Account Number	Account Number		
Amount Owed or Payoff-Whichever is less	Amount owed or Payoff-Whichever is less		
Date Debt was incurred or Last Charge INT. RATE:	Date Debt was incurred or Last Charge INT. RATE:		
Monthly Payment & Amount Behind, if any	Monthly Payment & Amount Behind, if any		
Description of Collateral, if any	Description of Collateral, if any		
Value of Collateral	Value of Collateral		
How much has been paid to this creditor in the last 90 days- IF \$600 OR MORE	How much has been paid to this creditor in the last 90 days- IF \$600 OR MORE		
Name of Co-signor, If Other than Spouse	Name of Co-signor, If Other than Spouse		
Circle One: Who is responsible for this debt? Husband Wife Joint	Circle One: Who is responsible for this debt? Husband Wife Joint		
If Creditor has a Collection Agency/Attorney collecting debt, please provide:	If Creditor has a Collection Agency/Attorney collecting debt, please provide:		
Name of Agency/Attorney	Name of Agency/Attorney		
Street Address or P.O. Box	Street Address or P.O. Box		
City State Zip Office Use Only: Reaffirm Redeem Surrender	City State Zip Office Use Only: Reaffirm RedeemSurrender		
Additional Info	Additional Info		

Creditor #10	Creditor #11	
Name of Creditor	Name of Creditor	
Street Address or P.O. Box	Street Address of P.O. Box	
City State Zip	City State Zip	
Account Number	Account Number	
Amount Owed or Payoff-Whichever is less	Amount owed or Payoff-Whichever is less	
Date Debt was incurred or Last Charge INT. RATE:	Date Debt was incurred or Last Charge INT. RATE:	
Monthly Payment & Amount Behind, if any	Monthly Payment & Amount Behind, if an	
Description of Collateral, if any	Description of Collateral, if any	
Value of Collateral	Value of Collateral	
How much has been paid to this creditor in the last 90 days- IF \$600 OR MORE	How much has been paid to this creditor in the last 90 days- IF \$600 OR MORE	
Name of Co-signor, If Other than Spouse	Name of Co-signor, If Other than Spouse	
Circle One: Who is responsible for this debt? Husband Wife Joint	Circle One: Who is responsible for this debt Husband Wife Joint	
If Creditor has a Collection Agency/Attorney collecting debt, please provide:	If Creditor has a Collection Agency/Attorne collecting debt, please provide:	
Name of Agency/Attorney	Name of Agency/Attorney	
Street Address or P.O. Box	Street Address or P.O. Box	
City State Zip Office Use Only: Reaffirm Redeem Surrender	City State Zip Office Use Only: Reaffirm Redeem Surrender	
Additional Info	Additional Info	

Creditor #12	Name of Creditor		
Name of Creditor			
Street Address or P.O. Box	Street Address of P.O. Box		
City State Zip	City State Zip		
Account Number	Account Number		
Amount Owed or Payoff-Whichever is less	Amount owed or Payoff-Whichever is less		
Date Debt was incurred or Last Charge INT. RATE:	Date Debt was incurred or Last Charge INT. RATE:		
Monthly Payment & Amount Behind, if any	Monthly Payment & Amount Behind, if any		
Description of Collateral, if any	Description of Collateral, if any		
Value of Collateral	Value of Collateral		
How much has been paid to this creditor in the last 90 days- IF \$600 OR MORE	How much has been paid to this creditor in the last 90 days- IF \$600 OR MORE		
Name of Co-signor, If Other than Spouse	Name of Co-signor, If Other than Spouse		
Circle One: Who is responsible for this debt? Husband Wife Joint	Circle One: Who is responsible for this debt Husband Wife Joint		
If Creditor has a Collection Agency/Attorney collecting debt, please provide:	If Creditor has a Collection Agency/Attorney collecting debt, please provide:		
Name of Agency/Attorney	Name of Agency/Attorney		
Street Address or P.O. Box	Street Address or P.O. Box		
City State Zip Office Use Only: Reaffirm Redeem Surrender	City State Zip Office Use Only: Reaffirm Redeem Surrender		
Additional Info	Additional Info		

Creditor #14		Creditor #15			
Name of Creditor			Name of Creditor		
Street Add	lress or P.O. Box		Street Add	ress of P.O. Box	<u> </u>
City	State	Zip	City	State	Zip
Account Number			Account N	umber	
Amount O	wed or Payoff-Wi	nichever is less	Amount ov	ved or Payoff-V	Whichever is less
Date Debt	was incurred or L	ast Charge INT. RATE:	Date Debt	was incurred o	r Last Charge INT. RATE:
Monthly P	'ayment & Amoun		Monthly P	ayment & Amo	unt Behind, if any
Description of Collateral, if any		Description of Collateral, if any			
Value of Collateral			Value of Collateral		
How much has been paid to this creditor in the last 90 days- IF \$600 OR MORE			How much has been paid to this creditor in the last 90 days- IF \$600 OR MORE		
Name of C	o-signor, If Other	than Spouse	Name of C	o-signor, If Oth	er than Spouse
Circle One Husband	e: Who is responsil Wife	ble for this debt? Joint	Circle One: Husband	Who is respons Wife	sible for this debt? Joint
If Creditor has a Collection Agency/Attorney collecting debt, please provide:			has a Collection ebt, please prov	Agency/Attorney ride:	
Name of A	gency/Attorney		Name of A	gency/Attorney	
Street Add	lress or P.O. Box		Street Addr	ess or P.O. Box	· · · · · · · · · · · · · · · · · · ·
City Office Use Reaffirm		Zip Surrender	City Office Use Reaffirm		Zip Surrender
	Kedeem		Reamrn Additional		Suffender

Creditor #16	Creditor #17
Name of Creditor	Name of Creditor
Street Address or P.O. Box	Street Address of P.O. Box
City State Zip	City State Zip
Account Number	Account Number
Amount Owed or Payoff-Whichever is less	Amount owed or Payoff-Whichever is less
Date Debt was incurred or Last Charge INT. RATE:	Date Debt was incurred or Last Charge INT. RATE:
Monthly Payment & Amount Behind, if any	Monthly Payment & Amount Behind, if any
Description of Collateral, if any	Description of Collateral, if any
Value of Collateral	Value of Collateral
How much has been paid to this creditor in the last 90 days- IF \$600 OR MORE	How much has been paid to this creditor in the last 90 days- IF \$600 OR MORE
Name of Co-signor, If Other than Spouse	Name of Co-signor, If Other than Spouse
Circle One: Who is responsible for this debt? Husband Wife Joint	Circle One: Who is responsible for this debt? Husband Wife Joint
If Creditor has a Collection Agency/Attorney collecting debt, please provide:	If Creditor has a Collection Agency/Attorney collecting debt, please provide:
Name of Agency/Attorney	Name of Agency/Attorney
Street Address or P.O. Box	Street Address or P.O. Box
City State Zip Office Use Only: Reaffirm Redeem Surrender	City State Zip Office Use Only: Reaffirm Redeem Surrender
Additional Info	Additional Info

Creditor #18	Creditor #19		
Name of Creditor	Name of Creditor		
Street Address or P.O. Box	Street Address of P.O. Box		
City State Zip	City State Zip		
Account Number	Account Number		
Amount Owed or Payoff-Whichever is less	Amount owed or Payoff-Whichever is less		
Date Debt was incurred or Last Charge INT.	Date Debt was incurred or Last Charge INT.		
RATE: Monthly Payment & Amount Behind, if any	RATE: Monthly Payment & Amount Behind, if any		
Description of Collateral, if any	Description of Collateral, if any		
Value of Collateral	Value of Collateral		
How much has been paid to this creditor in the last 90 days- IF \$600 OR MORE	How much has been paid to this creditor in the last 90 days- IF \$600 OR MORE		
Name of Co-signor, If Other than Spouse	Name of Co-signor, If Other than Spouse		
Circle One: Who is responsible for this debt? Husband Wife Joint	Circle One: Who is responsible for this debt? Husband Wife Joint		
If Creditor has a Collection Agency/Attorney collecting debt, please provide:	If Creditor has a Collection Agency/Attorney collecting debt, please provide:		
Name of Agency/Attorney	Name of Agency/Attorney		
Street Address or P.O. Box	Street Address or P.O. Box		
City State Zip Office Use Only:	City State Zip Office Use Only:		
Reaffirm Redeem Surrender Additional Info	Reaffirm RedeemSurrender Additional Info		

Creditor #20	Creditor #21
Name of Creditor	Name of Creditor
Street Address or P.O. Box	Street Address of P.O. Box
City State Zip	City State Zip
Account Number	Account Number
Amount Owed or Payoff-Whichever is less	Amount owed or Payoff-Whichever is less
Date Debt was incurred or Last Charge INT.	Date Debt was incurred or Last Charge INT.
RATE: Monthly Payment & Amount Behind, if any	Monthly Payment & Amount Behind, if any
Description of Collateral, if any	Description of Collateral, if any
Value of Collateral	Value of Collateral
How much has been paid to this creditor in the last 90 days- IF \$600 OR MORE	How much has been paid to this creditor in the last 90 days- IF \$600 OR MORE
Name of Co-signor, If Other than Spouse	Name of Co-signor, If Other than Spouse
Circle One: Who is responsible for this debt? Husband Wife Joint	Circle One: Who is responsible for this debt? Husband Wife Joint
If Creditor has a Collection Agency/Attorney collecting debt, please provide:	If Creditor has a Collection Agency/Attorney collecting debt, please provide:
Name of Agency/Attorney	Name of Agency/Attorney
Street Address or P.O. Box	Street Address or P.O. Box
City State Zip Office Use Only:	City State Zip Office Use Only:
Reaffirm Redeem Surrender	Reaffirm RedeemSurrender
Additional Info	Additional Info

Creditor #22	Creditor #23 Name of Creditor		
Name of Creditor			
Street Address or P.O. Box	Street Address of P.O. Box		
City State Zip	City State Zip		
Account Number	Account Number		
Amount Owed or Payoff-Whichever is less	Amount owed or Payoff-Whichever is less		
Date Debt was incurred or Last Charge INT. RATE:	Date Debt was incurred or Last Charge INT. RATE:		
Monthly Payment & Amount Behind, if any	Monthly Payment & Amount Behind, if any		
Description of Collateral, if any	Description of Collateral, if any		
Value of Collateral	Value of Collateral		
How much has been paid to this creditor in the last 90 days- IF \$600 OR MORE	How much has been paid to this creditor in the last 90 days- IF \$600 OR MORE		
Name of Co-signor, If Other than Spouse	Name of Co-signor, If Other than Spouse		
Circle One: Who is responsible for this debt? Husband Wife Joint	Circle One: Who is responsible for this debt? Husband Wife Joint		
If Creditor has a Collection Agency/Attorney collecting debt, please provide:	If Creditor has a Collection Agency/Attorney collecting debt, please provide:		
Name of Agency/Attorney	Name of Agency/Attorney		
Street Address or P.O. Box	Street Address or P.O. Box		
City State Zip Office Use Only: Reaffirm Redeem Surrender	City State Zip Office Use Only: Reaffirm Redeem Surrender		
Additional Info	Reaffirm RedeemSurrender Additional Info		

Creditor #24	Creditor #25
Name of Creditor	Name of Creditor
Street Address or P.O. Box	Street Address of P.O. Box
City State Zip	City State Zip
Account Number	Account Number
Amount Owed or Payoff-Whichever is less	Amount owed or Payoff-Whichever is less
Date Debt was incurred or Last Charge INT. RATE:	Date Debt was incurred or Last Charge INT.
Monthly Payment & Amount Behind, if any	Monthly Payment & Amount Behind, if any
Description of Collateral, if any	Description of Collateral, if any
Value of Collateral	Value of Collateral
How much has been paid to this creditor in the last 90 days- IF \$600 OR MORE	How much has been paid to this creditor in the last 90 days- IF \$600 OR MORE
Name of Co-signor, If Other than Spouse	Name of Co-signor, If Other than Spouse
Circle One: Who is responsible for this debt? Husband Wife Joint	Circle One: Who is responsible for this debt? Husband Wife Joint
If Creditor has a Collection Agency/Attorney collecting debt, please provide:	If Creditor has a Collection Agency/Attorney collecting debt, please provide:
Name of Agency/Attorney	Name of Agency/Attorney
Street Address or P.O. Box	Street Address or P.O. Box
City State Zip Office Use Only: Reaffirm RedeemSurrender	City State Zip Office Use Only: Reaffirm Redeem Surrender
Additional Info	Additional Info

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Creditor #26	Creditor #27
Name of Creditor	Name of Creditor
Street Address or P.O. Box	Street Address of P.O. Box
City State Zip	City State Zip
Account Number	Account Number
Amount Owed or Payoff-Whichever is less	Amount owed or Payoff-Whichever is less
Date Debt was incurred or Last Charge INT. RATE:	Date Debt was incurred or Last Charge INT. RATE:
Monthly Payment & Amount Behind, if any	Monthly Payment & Amount Behind, if any
Description of Collateral, if any	Description of Collateral, if any
Value of Collateral	Value of Collateral
How much has been paid to this creditor in the last 90 days- IF \$600 OR MORE	How much has been paid to this creditor in the last 90 days- IF \$600 OR MORE
Name of Co-signor, If Other than Spouse	Name of Co-signor, If Other than Spouse
Circle One: Who is responsible for this debt? Husband Wife Joint	Circle One: Who is responsible for this debt? Husband Wife Joint
If Creditor has a Collection Agency/Attorney collecting debt, please provide:	If Creditor has a Collection Agency/Attorney collecting debt, please provide:
Name of Agency/Attorney	Name of Agency/Attorney
Street Address or P.O. Box	Street Address or P.O. Box
City State Zip Office Use Only: Reaffirm RedeemSurrender	City State Zip Office Use Only: Reaffirm RedeemSurrender
Additional Info	Additional Info

Creditor #28	Creditor #29
Name of Creditor	Name of Creditor
Street Address or P.O. Box	Street Address of P.O. Box
City State Zip	City State Zip
Account Number	Account Number
Amount Owed or Payoff-Whichever is less	Amount owed or Payoff-Whichever is less
Date Debt was incurred or Last Charge INT. RATE:	Date Debt was incurred or Last Charge INT. RATE:
Monthly Payment & Amount Behind, if any	Monthly Payment & Amount Behind, if any
Description of Collateral, if any	Description of Collateral, if any
Value of Collateral	Value of Collateral
How much has been paid to this creditor in the last 90 days- IF \$600 OR MORE	How much has been paid to this creditor in the last 90 days- IF \$600 OR MORE
Name of Co-signor, If Other than Spouse	Name of Co-signor, If Other than Spouse
Circle One: Who is responsible for this debt? Husband Wife Joint	Circle One: Who is responsible for this debt? Husband Wife Joint
If Creditor has a Collection Agency/Attorney collecting debt, please provide:	If Creditor has a Collection Agency/Attorney collecting debt, please provide:
Name of Agency/Attorney	Name of Agency/Attorney
Street Address or P.O. Box	Street Address or P.O. Box
City State Zip Office Use Only: Reaffirm Redeem Surrender	City State Zip Office Use Only: Reaffirm Redeem Surrender
Additional Info	Additional InfoSurrender

Creditor #30	Creditor #31
Name of Creditor	Name of Creditor
Street Address or P.O. Box	Street Address of P.O. Box
City State Zip	City State Zip
Account Number	Account Number
Amount Owed or Payoff-Whichever is less	Amount owed or Payoff-Whichever is less
Date Debt was incurred or Last Charge INT. RATE:	Date Debt was incurred or Last Charge INT. RATE:
Monthly Payment & Amount Behind, if any	Monthly Payment & Amount Behind, if any
Description of Collateral, if any	Description of Collateral, if any
Value of Collateral	Value of Collateral
How much has been paid to this creditor in the last 90 days- IF \$600 OR MORE	How much has been paid to this creditor in the last 90 days- IF \$600 OR MORE
Name of Co-signor, If Other than Spouse	Name of Co-signor, If Other than Spouse
Circle One: Who is responsible for this debt? Husband Wife Joint	Circle One: Who is responsible for this debt? Husband Wife Joint
If Creditor has a Collection Agency/Attorney collecting debt, please provide:	If Creditor has a Collection Agency/Attorney collecting debt, please provide:
Name of Agency/Attorney	Name of Agency/Attorney
Street Address or P.O. Box	Street Address or P.O. Box
City State Zip Office Use Only: Reaffirm Redeem Surrender	City State Zip Office Use Only: Reaffirm RedeemSurrender
Additional Info	Additional Info