

A 501(c)(3) Non-Profit Organization  
 Phone: (954) 227-7221  
 Fax: (954) 656-8113  
 www.myadc.org

*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: \_\_\_\_\_

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Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ Address: \_\_\_\_\_

Balance: \_\_\_\_\_ City: \_\_\_\_\_

Phone Number: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Who is the **ORIGINAL** creditor? \_\_\_\_\_ **ORIGINAL** Phone Number: \_\_\_\_\_

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Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ Address: \_\_\_\_\_

Balance: \_\_\_\_\_ City: \_\_\_\_\_

Phone Number: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Who is the **ORIGINAL** creditor? \_\_\_\_\_ **ORIGINAL** Phone Number: \_\_\_\_\_

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Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ Address: \_\_\_\_\_

Balance: \_\_\_\_\_ City: \_\_\_\_\_

Phone Number: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Who is the **ORIGINAL** creditor? \_\_\_\_\_ **ORIGINAL** Phone Number: \_\_\_\_\_

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Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ Address: \_\_\_\_\_

Balance: \_\_\_\_\_ City: \_\_\_\_\_

Phone Number: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Who is the **ORIGINAL** creditor? \_\_\_\_\_ **ORIGINAL** Phone Number: \_\_\_\_\_

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Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ Address: \_\_\_\_\_

Balance: \_\_\_\_\_ City: \_\_\_\_\_

Phone Number: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Who is the **ORIGINAL** creditor? \_\_\_\_\_ **ORIGINAL** Phone Number: \_\_\_\_\_

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