

DATE: \_\_\_\_\_

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## NEW ACCOUNT TRANSMITTAL FORM

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### Creditor Information

1. Name \_\_\_\_\_
2. Address \_\_\_\_\_
3. County \_\_\_\_\_
4. Date of Services \_\_\_\_\_
5. Principal Balance \_\_\_\_\_
6. Interest \_\_\_\_\_
7. Additional Fees \_\_\_\_\_
8. Total Amount Owing \_\_\_\_\_
9. Date account paid up to \_\_\_\_\_

Attachments: \_\_\_\_\_

- Promissory Note
- Contracts
- Truth-in-Lending Forms
- Security Agreement
- Credit Application
- Invoice
- Correspondence
- Returned Check
- Leases
- Ledgers

*This form provided free of charge from*

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74 Main St., PO Box 31, Akron, NY 14001, Phone: (716) 542-5444, [rfriedman@legalsurvival.com](mailto:rfriedman@legalsurvival.com)

Debtor Information

1. Business Name \_\_\_\_\_
2. Type of Entity Corporation / Partnership / LLC \_\_\_\_\_
3. Address \_\_\_\_\_
4. County \_\_\_\_\_
5. Telephone Number \_\_\_\_\_
6. Taxpayer ID Number \_\_\_\_\_
7. Name & Title of Owners/Officers \_\_\_\_\_
8. Address of Owners/Officers \_\_\_\_\_
9. Telephone Number of Owners/Officers \_\_\_\_\_

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