

FSA-2005
(03-22-10)**U.S. DEPARTMENT OF AGRICULTURE**
Farm Service Agency

Position 3

CREDITOR LIST**A. INSTRUCTIONS:** List all creditors to whom you are presently indebted, or provide alternate documents that provide the same information. In the case of an entity, the entity and each individual member must complete this form or provide alternate documents.

1. Name:

B. CREDITORS (Complete a separate entry for each creditor)

1A. Name and Address

1B. Telephone Number

1C. Account Number

1D. Contact Person

2A. Name and Address

2B. Telephone Number

2C. Account Number

2D. Contact Person

3A. Name and Address

3B. Telephone Number

3C. Account Number

3D. Contact Person

4A. Name and Address

4B. Telephone Number

4C. Account Number

4D. Contact Person













5A. Name and Address

5B. Telephone Number

5C. Account Number

5D. Contact Person

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6A. Name and Address  	6B. Telephone Number 6C. Account Number 6D. Contact Person
7A. Name and Address   	7B. Telephone Number 7C. Account Number 7D. Contact Person
8A. Name and Address   	8B. Telephone Number 8C. Account Number 8D. Contact Person
9A. Name and Address   	9B. Telephone Number 9C. Account Number 9D. Contact Person
C. SIGNATURE	
<i>I certify that the information is true, complete, and correct to the best of my knowledge and is provided in good faith. (Warning: Section 1001 of Title 18, United States Code, provides for criminal penalties to those who provide false statements. If any information is found to be false or incomplete, such finding may be grounds for denial of the requested action.)</i>	
1. Signature 	2. Date

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a - as amended). The authority for requesting the information identified on this form is the Consolidated Farm and Rural Development Act, as amended (7 U.S.C. 1921 *et. seq.*). The information will be used to determine eligibility and feasibility for loans and loan guarantees, and servicing of loans and loan guarantees. The information collected on this form may be disclosed to other Federal, State, and local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in the applicable Routine Uses identified in the System of Records Notice for USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information may result in a denial for loans and loan guarantees, and servicing of loans and loan guarantees. The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0237. The time required to complete this information collection is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**