

AFFIDAVIT OF ACCOUNT DUE

State of _____

County of _____

Before the undersigned notary public in and for the above state and county, this day personally appeared _____, who being duly sworn says that: (Affiant—Name of Person Signing this affidavit)

- 1. The affiant has personal knowledge of the facts stated herein, and they are true and correct.
2. The affiant is competent to testify to these facts.
3. The affiant, in the performance of his/her duties, has supervision of and is familiar with the books of accounts relating to this matter.
4. The creditor's full name is _____, and it operates as a (Name of Creditor)
5. _____ (Sole Proprietor, Partnership or Corporation) _____ (State Incorporated)
6. The debtor(s) named, _____ (Complete Name of Debtor) owes a past due amount of \$ _____ (Amount Due on Account) to the creditor, with interest or finance charges as they continue to accrue.
7. There are no lawful offsets thereto to the knowledge or belief of affiant.

By: _____ (Signature of Affiant and Title)

_____ (Print or Type Name and Title)

Subscribed and Sworn to Before Me This Date: _____

Notary Expiration Date

Notary Public