Form Approved – OMB No. 0560-0237

**This form is available electronically.** *(See Page 2 for Privacy Act and Public Burden Statements)*

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| **FSA-2005 U.S. DEPARTMENT OF AGRICULTURE** Position 3  (03-22-10) Farm Service Agency  **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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**FSA-2005** (03-22-10) Page 2

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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 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.)* | | |
| 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.*** | |