OMB No. 1105-0084
Approval Expires 09/30/2025

Appendix C: Business Locations

(Application for Approval as a Nonprofit Budget and Credit Counseling Agency)

Name of Agency:_____

Contact Information: (To be posted on the United States Trustee approved list)

Address:	**Telephone number:**	**Web address:**

Business Locations:

List all business locations and include telephone number and business hours. In the last column, check the box if in-person counseling is available at the location.

ADDRESS (include street, city, county and state)	**TELEPHONE NUMBER**	**BUSINESS HOURS**	**IN-PERSON COUNSELING AVAILABLE**
			☐
			☐
			☐
			☐
			☐
			☐