

# Credit Card Debt Consolidation Application

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To Whom It May Concern,

I am writing to formally request a debt consolidation option for my existing credit card debts. My current financial situation has made it increasingly challenging to manage multiple payments and I believe that consolidating these debts into a single payment would be beneficial for my financial health.

Details of my credit card debts are as follows:

- Card Provider 1: [Card Number] - [Outstanding Amount]
- Card Provider 2: [Card Number] - [Outstanding Amount]
- Card Provider 3: [Card Number] - [Outstanding Amount]

I have been a customer of [Bank/Company Name] for [Duration] and I am hopeful that you will consider my application favorably. I am eager to work towards a solution that will allow me to regain control of my finances.

Thank you for considering my request. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]