| Vendor/Purchaser Checklist | | | |
|----------------------------|----------|----------|-------|
| Inform the following | Phone No | Actioned | Notes |
| Employer | | | |
| Bank | | | |
| Loan Providers | | | |
| Doctor | | | |
| Dentist/Optician | | | |
| Credit Card Companies | | | |
| Building Society | | | |
| Medicare | | | |
| Family | | | |
| Friends | | | |
| Utility Companies | | | |
| Insurance Companies | | | |
| Pensioner Provider | | | |
| Schools | | | |
| Library | | | |
| Drivers License Centre | | | |
| Internet Service Provider | | | |
| Cable/Satellite | | | |
| Store Cards | | | |
| TV & Video Rental | | | |
| Veterinary | | | |
| Mag. Subscriptions | | | |
| Gym/Social Clubs | | | |
| Professional Bodies | | | |