CLIENT'S NAME _____; **SSN:**_____

CLARK & WASHINGTON, P.C.
FAX NO. 678-336-7528

Name & address	Collateral/Type of debt	Balance Owed
_____ _____ _____		_____ Cosigned Y or N
	Mthly. Pymt.: $ _____ # Mths. Behind: $ _____ Collateral Value: $ _____ Date incurred: _____	Schedule: **D,E,F** (for office use only)
Phone #: _____	Acct. #: _____	

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