

GOLDSMITH & GUYMON

A Professional Law Corporation

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CREDIT REPAIR CLIENT INFORMATION INTAKE SHEET*

Today's Date: _____

Full Name: _____

List Prior Names: _____

Address: _____

Previous Addresses (last 5 years): _____

Home Phone: _____ Work Phone: _____ Fax: _____

Date and Place of Birth: _____

Social Security Number: _____

Driver's License Number (include state): _____

Occupation: _____

Employer: _____

Employer Address: _____

Who/What Referred You to this Office: _____

Are You Married? Yes No (circle one)

Please Answer the Following if You Are Married:

Spouse's Name (include maiden name): _____

Spouse's Date and Place of Birth: _____

Spouse's Occupation: _____

Spouse's Employer: _____

Spouse's Employer Address: _____

Spouse's Work Phone: _____

*** Information provided on this Client Information Intake Sheet will remain confidential, and is used by attorney solely to assist in performance of services on client's behalf.**

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