Gibson Law Firm Creditor Listing

Client Name(s):_____ Date:_____

Creditor Name: _____

Corr. Address 1: _____

Corr. Address 2: _____

Corr. City, State Zip: _____

Collection Agent for: _____

Acct No: _____

Pay-off Balance: _____

Secured/Unsecured: _____

Creditor Name: _____

Corr. Address 1: _____

Corr. Address 2: _____

Corr. City, State Zip: _____

Collection Agent for: _____

Acct No: _____

Pay-off Balance: _____

Secured/Unsecured: _____

Creditor Name: _____

Corr. Address 1: _____

Corr. Address 2: _____

Corr. City, State Zip: _____

Collection Agent for: _____

Acct No: _____

Pay-off Balance: _____

Secured/Unsecured: _____

Creditor Name: _____

Corr. Address 1: _____

Corr. Address 2: _____

Corr. City, State Zip: _____

Collection Agent for: _____

Acct No: _____

Pay-off Balance: _____

Secured/Unsecured: _____