

CUSTOMER MASTER FILE FORM
PLEASE PRINT LEGIBLY

NAME-LAST _____ FIRST _____

(PLEASE INCLUDE FIRST & LAST NAMES OF ALL PARTIES-THAT ARE TO BE LISTED ON THE ACCOUNT AND HAVE RIGHTS TO MAKE INQUIRIES ON THE ACCOUNT)

SERVICE ADDRESS _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

PHONE# _____ OWN _____ RENT _____

CELL PHONE # _____ LANDLORD _____

PARTY #1 _____ PARTY #2 _____
SOCIAL SECURITY # SOCIAL SECURITY #

TAX ID # _____ (If a business)

EMPLOYER _____ EMPLOYER _____

BUSINESS PHONE# _____ BUSINESS PHONE# _____

FAX# _____

SIGNATURE _____ DATE _____

SIGNATURE _____ IS INFORMATION CONFIDENTIAL? _____
(Does not apply to commercial)

DO NOT WRITE BELOW THIS LINE-OFFICE USE ONLY

ACCOUNT # _____

SERVICE ADDRESS _____

OLD ACCT # (IF APPLICABLE) _____ STATUS _____

DEPOSIT DATE _____ AMT _____ CK/CASH _____

LICENSE RECEIVED: _____ DATE _____

*****A COPY OF YOUR DRIVERS LICENSE IS REQUIRED*****