

CUSTOMER INFORMATION FORM

Location: _____ Customer ID: _____

Personal Information:

Full Legal Name: _____

Date of Birth (MM/DD/YYYY): _____

Social Security Number (Last 4 digits): _____

Gender: _____ Marital Status: _____

Contact Information:

Home Phone: _____ Mobile Phone: _____

Email Address: _____

Residential Address:

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Employment Information:

Current Employer: _____

Position/Title: _____ Years Employed: _____

Work Phone: _____ Work Email: _____

Financial Information:

Annual Income Range: _____ USD

Credit Score Range: _____

Identification Documents Provided:

Government Issued ID Type: _____ Number: _____

Issuing State/Country: _____ Expiration Date (MM/DD/YYYY): _____

Authorized Use and Compliance Statement:

I hereby certify that all information provided in this Customer Information Form is true, correct, and complete to the best of my knowledge. I authorize the use of this information for lawful purposes including credit evaluation, identity verification, and compliance with applicable United States laws and regulations. I acknowledge that providing false information may result in legal consequences and denial of services. I consent to the collection, use, and disclosure of my personal information in accordance with the applicable privacy laws and company policies.

Customer Signature: _____

Date: _____

Company Use Only:

Received by: _____ Date: _____

Verification Notes: _____

CUSTOMER'S SIGNATURE

COMPANY REPRESENTATIVE SIGNATURE

Signature: _____

Signature: _____

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