

CUSTOMER REGISTRATION FORM

Full Name: _____

Date of Birth: _____ Gender: _____

Government ID (SSN/Driver License/Passport No.): _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone Number: _____ Email Address: _____

Emergency Contact Information:

Full Name: _____

Relationship: _____ Phone Number: _____

Employment Information:

Employer Name: _____

Position/Title: _____ Work Phone: _____

Work Address: _____

Financial Information:

Annual Income: _____ Credit Score (If known): _____

Bank Name: _____

Account Type(s): _____

Customer Agreement and Consent:

By submitting this form, I certify that all information provided is true, complete, and correct to the best of my knowledge. I authorize the company to verify the information provided and obtain credit reports or other necessary background checks as permitted by law. I understand that providing false information may result in termination of services or legal action. I consent to the collection, use, and disclosure of my personal information in accordance with applicable privacy laws and the company's privacy policy. I acknowledge that this agreement is legally binding under United States law.

Signature: _____

Printed Name: _____

Date: _____

CUSTOMER SIGNATURE

WITNESS SIGNATURE

Signature: _____

Signature: _____

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