

CUSTOMER INFORMATION

Name: _____

Service Address: _____

Mailing Address (if different from service address): _____

Email Address: _____

Social Security #: _____ DOB: _____

Phone#: _____ Cell#: _____

Employment: _____ Work#: _____

Spouse/Other: _____

Email Address: _____

Social Security #: _____ Copy Drivers Lic. DOB: _____

Phone#: _____ Cell#: _____

Employment: _____ Work#: _____

Residents Living At This Address: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Emergency Contact: _____ Phone#: _____

I will be the user of service at the above address. I agree to pay all bills for the service until I request to have service terminated. I agree in order for you to service our account or to collect any amounts I owe, you may contact me by phone at any numbers associated with my account including wireless telephone numbers, which could result in charges to me. You may also contact me by sending text messages or e-mails using any e-mail address I provide you. Methods of contact may include using pre-recorded or artificial voice messages and/or use of an automatic dialing device if possible. I have read this disclosure and agree the City/Creditor may contact me/us described above.

Signature: _____ Date: _____