

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

CUSTOMER MASTER FILE FORM

PLEASE PRINT LEGIBLY

It may take at least one business day to set up service.

1) NAME-LAST _____ FIRST _____

2) 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 # _____

PARTY #1 _____ DATE OF BIRTH _____

SOCIAL SECURITY # _____

PARTY #2 _____ DATE OF BIRTH _____

SOCIAL SECURITY # _____

TAX ID # _____ (If a business)

LANDLORD _____ LANDLORD PHONE # _____

EMPLOYER _____ EMPLOYER _____

BUSINESS PHONE# _____ BUSINESS PHONE# _____

SERVICE START UP DATE _____

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 _____

Today's Date: _____

Start Date: _____