



CUSTOMER IDENTIFICATION VERIFICATION

NAME: _____

MAILING ADDRESS: _____

DATE OF BIRTH: _____

SOCIAL SECURITY #: _____

**DRIVER'S
LICENSE NUMBER:** _____

STATE OF ISSUANCE: _____

ISSUE DATE: _____

EXPIRATION DATE: _____

PHONE NUMBER: (_____) _____

CELL PHONE TYPE: IPHONE ANDROID OTHER: _____

EMAIL ADDRESS: _____

EMPLOYER: _____

OCCUPATION: _____

PLAN TYPE: INDIVIDUAL _____ FAMILY _____

(SIGNATURE)