

Your Perfect Partner™



LINDA DEVLIEG



CUSTOMER IDENTIFICATION FORM

This form is designed for your safety and security, along with that of property owners and our agents. We appreciate your consideration and cooperation. All security information is confidential and will not be sold or used for solicitation purposes.

This information may be subject to verification. Form is to be kept in branch office.

AGENT'S NAME: _____ DATE: _____

YOUR NAME(S): _____

HOME ADDRESS: _____

HOME & BUSINESS #'S: _____

IF FROM OUT OF TOWN: LOCAL CONTACT PHONE: _____

LOCAL ADDRESS: _____

I (we) can be contacted at this location until _____

EMPLOYER: _____ PHONE: _____

AUTO: MAKE & MODEL _____ COLOR: _____

OWNER: _____

LICENSE #: _____ STATE: _____

**Photocopy Driver's License(s) or
other Photo ID(s)
in this space**