

CASH 4 LESS, INC.

New Customer Form

****All Information Is Confidential****

Date: ____/____/____

Name: _____

Address:

Street: _____ **City:** _____ **State:** ____ **Zip:** _____

Phone #:

Cell/Home #: (____) _____ - _____

Work #: (____) _____ - _____

ID:

ID Type: _____ **ID #:** _____ **ID Exp.:** _____

DOB: _____ **SS#:** _____