**Email Form (Only to be used if No Signature Required)**

**CUSTOMER INFORMATION MAINTENANCE FORM**

**Date**: _____

**Requested by Employee:**_____ **Ext:**_____

***Name:**_____**CIF#:** _____

**SS#:** _____**DOB:** _____

****DL#:**_____**Issue Date:** _____**Exp. Date:** _____

**Home #:** _____**Cell #:** _____ **Work #:** _____

**If doing a name change, please specify in the special instructions.*
***Name changes require a copy of the driver's license.*

---

*****THE FOLLOWING CHANGES REQUIRE A CUSTOMER SIGNATURE*****

**New Mailing Address:** _____

**City:** _____ **State:** _____ **Zip:**_____ - _____

**New Physical Address:**_____

**City:** _____ **State:** _____ **Zip:**_____ - _____

**Email Address**: _____

_____ _____
**Customer Signature** **Date**

---

**Special Instructions**:_____

_____

_____

_____

*This change will be made to the customer's information file unless otherwise stated in the special instructions and will affect all accounts that the referenced customer is primary on.*