

# Retail Customer Account Registration Form

Please fill out this form in block letters to register your customer account. This document will be kept on file for account verification.

## 1. Personal Information

First Name:

Middle Initial:

Last Name:

Date of Birth (MM/DD/YYYY):

Primary Phone Number:

Alternative Phone Number:

Email Address:

## 2. Address Details

Street Address:

Apartment / Suite / Unit:

City:

State / Province / Region:

Zip / Postal Code:

Country:

## 3. Security & Account Preferences

Preferred Username:

Security Question:

Security Answer:

How did you hear about us?:

## 4. Internal Office Use Only

Processed By (Staff Name):

Store Location / Number:

Date Processed (MM/DD/YYYY):

Assigned Customer Account ID: