

CUSTOMER INFORMATION SHEET – PLEASE FILL IN AS MUCH AS POSSIBLE.

YOUR INFORMATION	MILITARY ADDRESS INFORMATION
SSN # :	Organization :
Full Name:	Unit , PSC or CMR & Box :
Rank :	APO/FPO (City) (Zip)
Branch of Service :	Quarters Address :
Paygrade :	Town :
ETS/DOS :	Country :
DEROS/PRD :	Military Telephone # :
Date of Birth :	Quarters Telephone # :
Years in Service :	Cellphone # :
Marital Status :	Email :
Number of Dependants :	
USA HOME OF RECORD INFORMATION	FINANCE INFORMATION
Purchaser Name :	Would you like assistance to seek financing? : YES/NO
Co-Purchaser Name :	If NO then name of Finance Source:
Street :	Address / Branch :
City/State/Zip	Telephone # :
USA Telephone # :	
DELIVERY INFORMATION	
Requested Delivery Date:	Requested Delivery Location: