



Information Sheet

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Home Phone: _____ Cell Phone: _____

Email _____

SSN _____

Birth Date: _____ Marital Status: _____

Spouse's Name: _____

Spouse's Employer: _____ Spouse's Work Phone: _____

Job Information

Title: _____ Employee ID: _____

Supervisor: _____ Department: _____

Work Location: _____ Email: _____

Work Phone: _____ Cell Phone: _____

Start Date: _____ Salary: \$ _____

Physical Address and Land Owner Information of Container Location

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Primary Phone: _____ Cell Phone: _____

Relationship: _____

References (not living in the same household 2 required)

Reference 1:

Name: _____ *Relationship:* _____ *Phone:* _____

Reference 2:

Name: _____ *Relationship:* _____ *Phone:* _____

Reference 3:

Name: _____ *Relationship:* _____ *Phone:* _____

Payment Information

Method of Payment :

Checking _____ *Saving* _____ *Credit/Debit Card* _____

Banking Information:

Routing Number _____ *Account Number* _____ *Phone:* _____

Name on Account _____ *Bank Name* _____

Credit Card Information:

Card Number _____ *Card Name* _____ *Security Code:* _____

Expiration Date: _____ *Billing Address* _____

Payment Authorization

I authorize Tuff Box "Company" to debit my account as identified above according to the terms stated here in. This authorization shall remain in effect until the balance is paid in full or Company receives written notification from me of any intent to terminate this payment plan and at such manner as to afford Company reasonable opportunity to act (min 30-days).

I understand that if the total amount owed to the Company is increased, I authorize this plan to continue as long as the payment amount remains unchanged until the amount owed to the Company is paid off, or unless the plan is terminated earlier by me above. I understand any added amounts can be applied for with a new authorization form.

I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this electronic payment plan. I indemnify and hold Company, and the Bank harmless from damage, loss, or claim resulting from all authorized actions hereunder.

Customer's Signature: _____ Date: _____