



## 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: \_\_\_\_\_