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RTO National

P. O. Box 9759 Greenville, SC 29604 877-567-1162 www.RTOnational.com

CUSTOMER INFORMATION

Customer Name (first, middle initial, last)			
Zip Code (where building is being delivered)	County		
Social Security Number	Birthdate		
Cell Phone	Home Phone		
Email Address			
Driver's License Number (please fax a copy) _		State	
Expiration Date			
Delivery Address	Sta	ate Zip Code	
Mailing Address	Sta	ate Zip Code	
Employer / Income Source	Employer F	Employer Phone	
3 REFERENCES – 1 must be a family mer Name State Name State City State	Relationship Zip Code Relationship	Phone	
Name	Relationship	Phone	
City State	Zip Code		
X		X	
Signature of Customer		Date	