



**RELIANCE  
CONNECTS**  
ROOTED HERE. REACHING THERE.

PO Box 308  
Haines, OR 97833  
www.relianceconnects.com  
Account Number: \_\_\_\_\_  
Install D/T: \_\_\_\_\_

Phone: 541-856-3661  
Email: info@rconnects.com  
Fax: 541-856-3650  
Date: \_\_\_\_\_  
5.21

**Customer Information**

1.)  New Construction  Existing    2.) Own  Rent     Previous occupant (if known) \_\_\_\_\_

Applicant name(s) \_\_\_\_\_ Applicant Address/Physical address for services: Street, City, State, Zip Code \_\_\_\_\_

Billing Name(s) \_\_\_\_\_ Billing Address: Street, City, State, Zip Code (if different than applicant address) \_\_\_\_\_

Contact number(s) \_\_\_\_\_ Email address(s) \_\_\_\_\_

**Credit Information**

First Applicant Name _____	Second Applicant Name _____
Date of Birth _____	Date of Birth _____
Social Security Number _____	Social Security Number _____
Driver's License _____	Driver's License _____
Bank Institution _____	Bank Institution _____
Employer _____	Employer _____
Employer Address _____	Employer Address _____
Employer Phone _____	Employer Phone _____
Position _____	Position _____
# of years employed _____	# of years employed _____
Credit check OK?    Yes <input type="checkbox"/> No <input type="checkbox"/>	Credit check OK?    Yes <input type="checkbox"/> No <input type="checkbox"/>

Previous Address: \_\_\_\_\_ How Long? \_\_\_\_\_

Previous Telephone or Internet Company \_\_\_\_\_ Established Date: \_\_\_\_\_

Previous Account Number: \_\_\_\_\_ Working? (Y/N)     Disc. Date: \_\_\_\_\_

Cosigner: \_\_\_\_\_ Cosigner Home Tel #: \_\_\_\_\_ Daytime # \_\_\_\_\_

Cosigner Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Cosigner SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    **\*Must have co-signer read and sign co-signer form**

Deposits Required? Yes  Amount \_\_\_\_\_ No

**Additional Account Information**

Authorized Persons (access to account information, ability to change account information)

1.) Full Name \_\_\_\_\_ D.O.B or password \_\_\_\_\_

2.) Full Name \_\_\_\_\_ D.O.B or password \_\_\_\_\_

**Electronic Billing Options**

Automatic payments (deducted on the 10<sup>th</sup> of each month) Yes  No

If Yes: Routing number \_\_\_\_\_ Checking Account \_\_\_\_\_

Note: Credit Card option available through SmartHub

Paperless Billing Yes  No

E-Bill Login password (minimum 1 uppercase letter, 1 special character) \_\_\_\_\_

