



**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: _____
CSR: _____

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 10th 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) _____

