

# New Customer Registration Form

## Personal Information

Full Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

## Account Setup

Username: \_\_\_\_\_

Password: \_\_\_\_\_

Security Question: \_\_\_\_\_

Answer: \_\_\_\_\_

## Preferences

Preferred Contact Method:

Phone  Email  SMS

Subscription Preferences:

Monthly Updates  Special Offers  Promotions

## Referral Information

Referred By (if applicable): \_\_\_\_\_

Referral Code: \_\_\_\_\_

## Agreement

By signing, I agree to the terms and conditions outlined by the company and acknowledge the privacy policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_