

Zaran Sayre & Associates, Inc.
30504 Pacific Hiway S
Federal Way, WA 98003
(253) 941-4012 Fax (253) 839-2329



CUSTOMER IDENTIFICATION FORM

This form is designed for your safety and security, along with that of our Residents and Agents. We appreciate your consideration and cooperation. All security information is confidential and will not be sold or used for solicitation purposes.

This information may be subject to verification.

Property # or address to view: _____ DATE: _____

YOUR NAME(S): _____

HOME ADDRESS: _____

HOME & BUS PHONES: _____

IF FROM OUT OF TOWN: LOCAL CONTACT PHONE: _____

LOCAL ADDRESS: _____

I (we) can be contacted at this location until _____

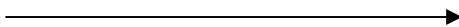
EMPLOYER: _____ PHONE: _____

AUTO: MAKE & MODEL _____ COLOR: _____

OWNER: _____

LICENSE #: _____ STATE: _____

**Photocopy Driver's License(s) or
other Photo ID(s) in this space**



Thank you

