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INFORMATION OF THE SELLER CUSTOMER (S)

Name: _____ ID Num: _____ Social Security: XXX-XX-_____

Residence Phone: _____ Cel. _____ Email: _____

Physical Address after the sale: _____

Post-Sale Mailing Address: _____

Workplace: _____ Schedule: _____ Work phone: _____ Ext.: _____

Do you own a second home? Direction: _____

Contact in case of emergency: _____ Telephone Number: _____

Physical Address: _____

Close relative who does not live with you: _____ Tel Num. _____

Physical Address: _____

Postal Address: _____

Name: _____ ID Num: _____ Social Security: XXX-XX-_____

Residence Phone: _____ Cel. _____ Email: _____

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Physical Address: _____

Postal Address: _____

Seller Signature

Seller Signature

"The Best Prices, The Best Service"