

Southern Information Services

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NEW CUSTOMER APPLICATION

NAME OF COMPANY _____

ADDRESS OF COMPANY _____

CITY- ZIP OF COMPANY _____

OWNER OF COMPANY _____

CONTACT PERSON _____

COMPANY PHONE NUMBER _____

COMPANY FAX NUMBER _____

PLEASE CHECK THE FOLLOWING:

____ PLEASE JUST PROCESS VINS AND SEND US BACK
OWNER INFORMATION

____ PLEASE DO OUR LETTERS FOR US

PLEASE FAX US A COPY OF YOUR STORAGE INSPECTION LICENSE
WHEN FAXING THIS FORM BACK TO
SOUTHERN INFORMATION SERVICES