



121 W Fireweed Lane, Suite 150
 Anchorage, AK 99503
 907-272-1541, 907-272-2046
 www.f-m-i.biz / www.fmialaska.biz

Account No.: _____

Customer Identification Form

The information provided in this form will be used for Tax Interest Reporting, payment receipt notification and notices produced by FMI throughout the life of the account. Customer is required to provide any e-mail/address changes in order to receive said notifications. Failure to furnish your Tax Identification Number (SSN or EIN) will result in any penalty assessed by the Internal Revenue Service.

I/We am/are the:

Seller/Payee Buyer/Payer Other _____ Ownership percentage: _____

Printed Name/Entity Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email _____ SSN / EIN _____

Mobile Number _____ Mobile Number _____ Phone Number _____

I choose e-mailed receipts I choose mailed receipts Neither, online access only

I understand that year end statements to report interest earned or paid shall be mailed to the address on file. Any reproduction of year end statements shall incur additional costs.

I choose to have funds paid/received to/from my bank account. The ACH form is attached to provide bank information. If the form is not filled out any sums shall be mailed to/from parties of the contract.

Signature _____ Date _____
 Printed Name: _____

I/We am/are the:

Seller/Payee Buyer/Payer Other _____ Ownership percentage: _____

Printed Name / Entity Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email _____ SSN / EIN _____

Mobile Number _____ Mobile Number _____ Phone Number _____

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Signature _____ Date _____
 Printed Name: _____