



*experience the taste of aloha*

99-1305 Koaha Place, Aiea, Hawaii 96701  
(808) 486-3300~Fax (808) 486-3320

**The following information is kept in strict confidence and all information is REQUIRED because we are extending credit to you.**

Full Name: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ **Circle one** HDL# or M / F SS#: \_\_\_\_\_  
(If there is a second party responsible)

Full Name: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ **Circle one** M / F SS#: \_\_\_\_\_

Delivery Address: \_\_\_\_\_ Apt#: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Bill To Address: \_\_\_\_\_ Apt#: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Residence: Own: \_\_\_ Rent:: \_\_\_ Home#: \_\_\_\_\_ Work#: \_\_\_\_\_

**Because we are extending credit to you all of the following information is required in order to receive service from Aloha Water Company Inc.**

Current Landlord: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name of Lease Holder: \_\_\_\_\_ Home Phone#: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

**Place of Employment**

Employed By: \_\_\_\_\_ Address: \_\_\_\_\_ Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone # (if different from above): \_\_\_\_\_

**References – Two Required – One Must be a Relative**

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

Relationship: \_\_\_\_\_ Employer: \_\_\_\_\_ Home#: \_\_\_\_\_ Work#: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Employer: \_\_\_\_\_ Home#: \_\_\_\_\_ Work#: \_\_\_\_\_

**Military Information**

Rank: \_\_\_\_\_ Duty Station: \_\_\_\_\_ Enlistment Terminates: \_\_\_\_\_

Commanding Officer: \_\_\_\_\_ Phone#: \_\_\_\_\_

**PLEASE READ BEFORE SIGNING**

**Please note that the information on this sheet will be kept in the strictest of confidence. This information is solely for our protection and the protection of our equipment. Please further note that by signing this form the signer is the sole guarantor and thus liable for all possible charges that may ensue from this account.**

Print Name: \_\_\_\_\_

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

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