

Trufina, Incorporated
73 Franklin Street
Annapolis, MD 21403
Phone: 301.951.8998
FAX: 410.505.5587



Data Verification Form

Please complete this form and return it to Trufina along with the documentation requested below.

Name _____

Address _____

Phone _____

Date of birth _____

I hereby affirm that the data provided is my own and is accurate and current.

Signature _____

Please send a photocopy of the following

- **Valid driver's license.** All of the following must be visible:
 - o Name
 - o Address (if different provide documentation of address change)
 - o Date of birth
 - o Driver's license number
 - o Name of state issuing license
- **Recent phone bill.** All of the following must be visible:
 - o Name
 - o Address
 - o Phone number (must match number provided above)
 - o Name of company issuing bill

You may obscure any information that is not required, such as height and weight information from your driver's license, or call history on your phone bill.

Send this form, along with accompanying documentation, to Trufina at the address or FAX number at the top of this form.