



**BGI Associates LLC**  
Customer Contact Form  
400 South Street Suite 130  
Zeeland, MI 49464  
(616)239-1040

Please print the following information clearly: (last name first)

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Last

First

Middle

**Date of Birth:** \_\_\_\_\_

**Curent Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_