



Enrollment

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Account Creation

Identity Verification

Billing Confirmation

CyberAgent

Child Monitoring

1

2

3

4

5

Personal Information

First Name*

M.I.*

Last Name*

Address 1*

Address 2

City*

State*

Zip Code*

Date of Birth

Month*

Day*

Year*

Social Security Number*

Confirm Social Security Number*

You have selected

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\$17.99/month

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Secure Transaction

CSID will safeguard your personal credit information. All transactions are encrypted with powerful Secure Sockets Layer (SSL) technology.

Account Login

Enter a UserID and Password for your account. Your UserID can be your email address.

Username*

Password*

Confirm Password*

Security Question*

Security Answer*

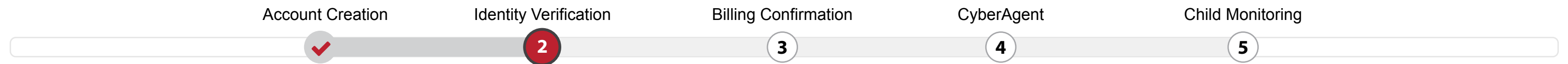
I agree to the following [Terms and Conditions](#) and [Privacy Policy](#).

Cancel

CREATE ACCOUNT



Identity Verification



Security Questions

Have you been at this address for more than 6 months?

- Lorem ipsum dolor sit amet, consectetur adipiscing elit.
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- Lorem ipsum dolor sit amet, consectetur adipiscing elit.
- Lorem ipsum dolor sit amet, consectetur adipiscing elit.

In which county do you live?

- Lorem ipsum dolor sit amet, consectetur adipiscing elit.
- Lorem ipsum dolor sit amet, consectetur adipiscing elit.
- Lorem ipsum dolor sit amet, consectetur adipiscing elit.
- Lorem ipsum dolor sit amet, consectetur adipiscing elit.

Which of these street names are you associate with?

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- Lorem ipsum dolor sit amet, consectetur adipiscing elit.
- Lorem ipsum dolor sit amet, consectetur adipiscing elit.
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[VERIFY IDENTITY AND ACCESS ACCOUNT](#)



Identity Verification

Account Creation

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Child Monitoring

[PRINT RECEIPT](#)

Billing Details

Payment Method CREDIT CARD

Card Type MASTERCARD

Card Number X-1234

Price \$25.00

Discount \$5.00

Sub-Total \$20.00

Taxes \$1.65

Total Amount \$21.65

Invoice Date JULY 13, 2016

Invoice Number 348236503

Billing Type SUBSCRIPTION BILLING

Next Billing Date: AUGUST 13, 2016

First Name JANE

Last Name FONDA

Billing Street 1 2835 SUN LANE

Billing City MINT

Billing State MINNESOTA

Billing Zip Code 82729

You have selected

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[COMPLETE ENROLLMENT](#)



Identity Verification

Account Creation

Identity Verification

Billing Confirmation

CyberAgent

Child Monitoring



CyberAgent Information (Optional)

CyberAgent scours websites, chat rooms and bulletin boards 24/7 to identify trading or selling of your personal information online. The more information you enter for monitoring, the more robust our ability to notify you of potential security concerns.

Social Security Number (1/1)

[Why monitor this?](#)

1. ***-**-**12

Bank Account (0/1)

[Why monitor this?](#)

CLICK TO ADD BANK ACCOUNT

Credit/Debit Cards (1/3)

[Why monitor this?](#)

CLICK TO ADD CREDIT/DEBIT CARD

Driver's License (0/1)

[Why monitor this?](#)

CLICK TO ADD EMAIL ADDRESS

Email Addresses (1/4)

[Why monitor this?](#)

CLICK TO ADD EMAIL ADDRESS

1. ipsemlorem@csid.com *(Imported from Primary Information)*

Passport Number (0/1)

This has been imported from your enrollment setup. You will be able to edit this information in the My Account section once you are logged in.

CLICK TO ADD PASSPORT NUMBER

Phone Numbers (2/4)

[Why monitor this?](#)

CLICK TO ADD PHONE NUMBERS

Medical ID Number (0/1)

[Why monitor this?](#)

CLICK TO ADD MEDICAL ID NUMBER

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CONTINUE TO NEXT STEP

Identity Verification



[Skip and Complete Enrollment](#)

Child Monitoring (Optional)

All fields are required (except where noted).

Child 1

First Name

Middle Name (Optional)

Last Name

Generation

Date of Birth

Social Security Number

Confirm Social Security Number

Additional Information

Phone Number (Optional)

Email Address (Optional)

Medical ID number (Optional)

Bank Account: Routing Number (Optional)

Bank Account: Account Number (Optional)

Credit or debit card number (Optional)

[ADD THIS CHILD](#)

(4 of 5 remaining)