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| --- | --- | --- | --- | --- | --- | --- |
| FECHA:  **FORMATO DE REGISTRO USUARIO PREPAGO** | | | | | | |
| **DATOS DE REGISTRO** |  |  |  |  |  |  |
| NOMBRE |  | | | | | |
| R.F.C. |  | | | | | |
| REPRESENTANTE LEGAL |  | | | | | |
| DOMICILIO |  | | | | | |
| No. EXTERIOR |  | | | | | |
| No. INTERIOR |  | | | | | |
| COLONIA |  | | | | | |
| C.P. |  | | | | | |
| ESTADO |  | | | | | |
| MUNICIPIO |  | | | | | |
| LOCALIDAD |  | | | | | |
| TELEFONO A 10 DÍGITOS Y EXT. |  | | | | | |
| CORREO ELECTRÓNICO |  | | | | | |
| TIPO DE TARJETA QUE SOLICITA (PORTABLE O ADHERIBLE) |  | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FAVOR DE NO LLENAR ESTE APARTADO** | | | | | | |
|  |  |  |  |  |  |  |
| ID |  | | | | | |
| NÚMERO DE TARJETA PREPAGO ASIGNADA |  | | | | | |
| FOLIO DE PAGO |  | | | | | |

**CONTÁCTANOS**

**Lic. Gloria Marina Ochoa Delgado**

prepago@chihuahua.gob.mx

Horario de atención: L-V de 8:00 a 16:00hrs

Teléfonos: (614) 429-33-00 ext. 23232 y 23219.