



Delivering Success

# CUSTOMER CHANGE FORM

## CUSTOMER INFORMATION

Account # \_\_\_\_\_  Add Location  Update Existing Account

Legal Business Name: \_\_\_\_\_

Trade Names, DBA's, Divisions or Subsidiaries: \_\_\_\_\_

Physical (Delivery)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (If Different)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Delivery address change requires an updated resale (sales & use) certificate from your state (if issued).**

## CONTACT INFORMATION

Ordering Contact(s): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

How would you like to receive order acknowledgements?  Fax  Email

**Opt-In for important Email updates, Industry news & special promotions**

Accounts Payable Contact(s): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

How would you like to receive invoices? (In addition to printed):  Fax  Email

Website (if applicable): \_\_\_\_\_

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

Title \_\_\_\_\_

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