

UPP CUSTOMER INFORMATION CHANGE FORM

NEW OWNER: YES NO **Required**

CUSTOMER # _____ **Required**

CUSTOMER NAME _____ **Required**

Current Name in our system

NEW NAME: _____

(We may be contacting you for more information if your name changes)

BILLING NAME _____

ADDRESS _____

CITY _____ STATE/ZIP _____

PO CONTACT _____ PHONE # _____

A/P or OWNER _____ FAX # _____

EMAIL _____ BLAST FAX OK YES NO

SHIP TO NAME _____

(If Different)

ADDRESS _____

CITY _____ STATE/ZIP _____

CONTACT _____ PHONE # _____

EMAIL _____ FAX # _____

BLAST FAX YES NO

Nearest Intersection _____

Special Delivery Info _____

Receiving Hours _____

Store Hours _____

Please print, sign and fax or mail to us. We request that you do this so that we can protect your privacy and make sure that unauthorized changes are not made to your account.

Submitted by: _____ (Signature)

Printed Name: _____

Date: _____

Office Use Only:

Computer updated by _____ Date: _____

Inside Rep files updated by _____ Date: _____

Sign and fax to 800 830-3128