



DISTRIBUTOR INC.

Date \_\_\_\_\_

5065 AVALON RIDGE PARKWAY  
PEACHTREE CORNERS, GA 30071  
PHONE 770.446.0042 FAX 770.446.0467

### CHANGE OF ADDRESS FORM

Account Number \_\_\_\_\_

#### BUSINESS FACTS

<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Corporation Other	<input type="checkbox"/> (explain)
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CUSTOMER WARRANTS THAT THE FOLLOWING INFORMATION IS ACCURATE AND COMPLETE  
 (Note to existing customers; use this section when updating new address information)

Name of Customer (Legal Name)		State Sales Tax Exemption ID#		
Trade Name				
Mailing Address	City	State	Zip	
Shipping Address	City	State	Zip	
Phone Number		Fax Number		
Contact Person & Position				
Email				

I acknowledge that this is the correct address and any orders delivered to this address is my responsibility.

x \_\_\_\_\_