



# Changes To Account Form

Please complete form and fax, email or mail to: P.O. Box 12900, Roanoke, VA 24011, Sabrina@emtech-labs.com

## INFORMATION REQUIRED:

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

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Please check the appropriate box/boxes of changes to be made:

- Changes in billing address
- Changes in shipping address
- Add another shipping office
- Update email
- Update phone/fax number
- Office was sold/under new ownership

### OLD ADDRESS INFORMATION:

Billing    Shipping

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

Attn: \_\_\_\_\_

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

City, State: \_\_\_\_\_

Zip (+4) \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

New Email Address: \_\_\_\_\_

### NEW ADDRESS INFORMATION:

Billing    Shipping

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

Attn: \_\_\_\_\_

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

City, State: \_\_\_\_\_

Zip (+4) \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

New Phone Number: \_\_\_\_\_

### Contact Information:

Person completing this form: \_\_\_\_\_

Owner of the company (or Corp. Officer): \_\_\_\_\_

Number of office needing ship-to account numbers: \_\_\_\_\_

(Please list address information on a separate sheet, and attach with form.)

### TERMS

The above information is correct. I have received a current statement explaining Emtech Labs' remake policy and shipping policy. I am aware that the terms are Net 30 and agree to pay within terms. I agree to pay a 2% finance charge per month on any balances over 30 days from the invoice date. I also agree to pay any court costs, attorney's fee and costs of collection the seller may incur in enforcing the terms in this agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date