



CHANGE OF INFORMATION FORM

DATE: _____

FULL NAME: _____
RESPONSIBLE FOR THE FORM INPUT

PLEASE MARK THE FOLLOWING IF:

- YOU HAVE RELOCATED TO A NEW LOCATION
- YOU HAVE PURCHASED A NEW LOCATION
- YOU HAVE CHANGED YOUR COMPANY NAME

COMPANY NAME	PREVIOUS COMPANY NAME:
	NEW COMPANY NAME:
CONTACT NAME	
PICKUP ADDRESS	
TELEPHONE NUMBER	
MOBILE NUMBER	
FAX NUMBER	
BUSINESS HOURS	
SPECIAL INSTRUCTIONS	
PREVIOUS ADDRESS <small>If you have relocated to new address</small>	
E-MAIL ADDRESS	

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