

## Change of Address Form

Telephone: (800) 963-1778 Fax: (877) 329-6737

Customer Service Hours: 9 AM to 8 PM ET, Monday-Friday

**To change or delete an address, simply complete this form and fax to (877) 329-6737. A letter will be faxed from a Customer Relationship Specialist to confirm your changes.**

PRACTICE ACCOUNT No. \_\_\_\_\_

Indicate effective date for change of address: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Check if you wish to update the master billing address for your account

**CURRENT ACCOUNT**

BUYER NAME (Use Legal Entity Name) \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE ( \_\_\_\_\_ ) \_\_\_\_\_

FAX ( \_\_\_\_\_ ) \_\_\_\_\_

**UPDATED ACCOUNT**

NEW BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NEW PHONE ( \_\_\_\_\_ ) \_\_\_\_\_

NEW FAX ( \_\_\_\_\_ ) \_\_\_\_\_

Check if you wish to update a shipping address linked to your account

**CURRENT SHIPPING INFO**

SHIP TO NAME \_\_\_\_\_

Check if shipping address is same as billing address

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE ( \_\_\_\_\_ ) \_\_\_\_\_

FAX ( \_\_\_\_\_ ) \_\_\_\_\_

OFFICE HOURS (for delivery) \_\_\_\_\_

DEA LICENSE No. \_\_\_\_\_

EXPIRES \_\_\_\_\_

**UPDATED SHIPPING INFO**

NEW NAME \_\_\_\_\_

NEW ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NEW PHONE ( \_\_\_\_\_ ) \_\_\_\_\_

NEW FAX ( \_\_\_\_\_ ) \_\_\_\_\_

OFFICE HOURS (for delivery) \_\_\_\_\_

DEA LICENSE No. \_\_\_\_\_

EXPIRES \_\_\_\_\_

Check if you wish to delete a shipping address linked to your account

**TO DELETE**

SHIP TO NAME \_\_\_\_\_  Check if shipping address is same as billing address

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE ( \_\_\_\_\_ ) \_\_\_\_\_ FAX ( \_\_\_\_\_ ) \_\_\_\_\_

DEA LICENSE No. \_\_\_\_\_ EXPIRES \_\_\_\_\_

**SIGNATURE**

**BUYER\*** (Please enter appropriate Legal Entity Name)

NAME \_\_\_\_\_

**BUYER'S DULY AUTHORIZED REPRESENTATIVE** (Please ensure appropriate individual signs this agreement)

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\* If Buyer is not a natural person, this Change of Address Form must be signed by a duly elected officer, member, partner or other representative of Buyer with full power and authority to execute and deliver this agreement on behalf of Buyer and to perform Buyer's rights, duties and obligations hereunder.