

Customer Change Notice

To: Financial Services _____ Branch _____

Attn: _____ Date Prepared: _____ Prepared By: _____

Branch # _____ Customer # _____ Outside Sales # _____ Inside Sales # _____ A = Add or C = Change

Customer Bill To Information:

Company Name		Job / Project Name (If Necessary)	
Address 1		Address 2 (PO Box)	
City	State/Province	Zip/Postal Code	
Contact Name	Telephone	Fax	
Tax Code	Industry Code	← 1 = Construction 3 = Utility 2 = Industrial 4 = CIG	

Customer Ship-To Information:

Ship-to Suffix Code

Company Name		Job / Project Name (If Necessary)	
Address 1		Address 2	
City	State/Province	Zip/Postal Code	
Tax Code			

Relationship Pricing System:

Primary RPS Group	Secondary RPS Group	Other
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Supplier Sales Claim Authorization: _____ (Name / Number): _____

Financial Services Information:

F/S Rep #	Payment Terms	Statement Cycle	\$ Credit Limit
Annual Service Charge %	Bridge Code	Credit Class Code	Customer Class Code

Branch Management Approval	Date	F/S Management Approval	Date
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