

Changes & Corrections Form

One agency per form

NAME OF AGENCY _____

ACCOUNT NUMBER _____

EFFECTIVE DATE _____

TYPE OF CHANGE: Please provide your updated information in the fields below.

PREVIOUS INFORMATION	CURRENT INFORMATION
COMPANY NAME _____	_____
MAILING ADDRESS: <i>Address for results notification</i> _____ _____	_____ _____
BILLING ADDRESS: <i>Mailing address for invoices/ statements.</i> _____ _____	_____ _____
SHIPPING ADDRESS: <i>Address for device supplies..</i> NOTE: You may indicate "Same as Mailing" in any address field that you would like to use the same address information as your primary mailing address. P.O. Box cannot be used as a shipping address. _____ _____	_____ _____

CONTACT INFORMATION: Check the type of contact information being updated or removed.

SELECT ONE <input type="radio"/> PRIMARY* <input type="radio"/> SECONDARY <input type="radio"/> MEDICAID/ STANDING ORDER <input type="radio"/> BILLING <input type="radio"/> MRO <input type="radio"/> REMOVE	_____ Name/Title _____ Email	_____ Phone _____ Fax
SELECT ONE <input type="radio"/> PRIMARY* <input type="radio"/> SECONDARY <input type="radio"/> MEDICAID/ STANDING ORDER <input type="radio"/> BILLING <input type="radio"/> MRO <input type="radio"/> REMOVE	_____ Name/Title _____ Email	_____ Phone _____ Fax
SELECT ONE <input type="radio"/> PRIMARY* <input type="radio"/> SECONDARY <input type="radio"/> MEDICAID/ STANDING ORDER <input type="radio"/> BILLING <input type="radio"/> MRO <input type="radio"/> REMOVE	_____ Name/Title _____ Email	_____ Phone _____ Fax

Please note that if you select "Primary" the primary contact we have on file will be removed unless asked to be the secondary contact. Please note primary contacts will NOT be removed without another name in place.

REPORTING METHOD: Check the reporting method to be added or removed.

ADD: MAIL FAX TOXACCESS

REMOVE: MAIL FAX TOXACCESS

CLOSE ACCOUNT: If you would like to close your account please mark the circle below.

PLEASE CLOSE THE ACCOUNT LISTED ABOVE: CLOSE ACCOUNT REASON: _____

IMPORTANT: Changes will **NOT** be made effective until a signed copy is returned via fax to the **RTL Sales department** at **707.577.8102** or email at **projectdesk@redwoodtoxicology.com**. This form must be signed by authorized personnel.

PRINTED NAME _____

SIGNATURE _____

AUTHORIZED TITLE (*Manager, Director, Owner, Etc.*) _____

DATE _____