

CHANGES AND CORRECTIONS FORM

Account Name

Account Number(s)

Effective Date

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

	New Information
Account Name	
Primary Address Address for billing and general notifications.	
Phone	
Fax	
Shipping Address Address for lab and device supplies. NOTE: You may indicate "Same as Primary" 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 type of contact			
Primary*	Billing	_____ Name/Title	_____ Department
MRO	Remove	_____ Email	_____ Phone
Secondary			
Select one type of contact			
Primary*	Billing	_____ Name/Title	_____ Department
MRO	Remove	_____ Email	_____ Phone
Secondary			
Select one type of contact			
Primary*	Billing	_____ Name/Title	_____ Department
MRO	Remove	_____ Email	_____ Phone
Secondary			

*Please note that if you select *Primary*, the primary contact we have on file will be moved to the secondary contact unless you also select *Remove*.

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

Add: ToxAccess™

Remove: Fax Mail

CLOSE ACCOUNT: If you would like to close your account, please check the box below.

Please close the account/s listed above: Close Account

Reason: _____

IMPORTANT: This form must be signed by authorized personnel and changes will NOT be made effective until a signed copy is scanned and emailed to projectdesk@redwoodtoxicology.com. You may also fax this completed and signed form to the Abbott Sales Department at (707) 577-8102.

Printed Name

Signature

Authorized Title (Manager, Director, Owner, Etc.)

Date