

CHANGE OF ADDRESS

Please send completed form to (fax) 812-475-9598 or (email) office@sbm-inc.com.

Company name: _____

I would like to make the following changes (select the most appropriate box):

Change billing address

☐

Change physical/shipping address

☐

Change both addresses

☐

Please complete all applicable fields for the change you are requesting as missing information will cause a delay in processing the address change.

Current billing address:

Street address/PO Box	City	State	Zip code
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Change to:

Street address/PO Box	City	State	Zip code
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Current physical/shipping address:

Street address	City	State	Zip code
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Change to:

Street address	City	State	Zip code
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I hereby request Southern Business Machines, Inc. to make the specified changes. I am an authorized representative of the above named company and am authorized to request such changes. This form has been filled out accurately and in its entirety.

Printed name of authorized representative

Signature of authorized representative

Date

Thank you for your continued business!