

Customer Account Authorization Update



P.O. Box 1327, Kennesaw, GA 30144
(770) 919-2232 – Fax: (770) 919-2241

Account Name _____ **Account Number** _____

Please list below any changes you would like to make to the list of people who are eligible to charge to this account. All changes must include the signature of your owner/director. FAX or mail this information to the Accounts Receivable department.

Check here if a purchase order is required, and there is no need to list individual names.

Add	Delete
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
6. _____	6. _____
7. _____	7. _____
8. _____	8. _____
9. _____	9. _____
10. _____	10. _____

Owner/Authorized Signature _____ Title _____ Date _____