

COMPANY NAME CHANGE FORM

Date of Request: _____

Customer Account Number: _____

CONTACT INFORMATION

PREVIOUS

Company Name: _____

Address: _____

City _____ State _____ Zip _____

Phone Number: _____

NEW

Company Name: _____

Address: _____

City _____ State _____ Zip _____

Phone Number: _____

ACCOUNT INFORMATION

Is this company under new ownership? ___ Yes ___ No

If yes, please also fill out and submit a credit application.

Federal ID Number: _____

Purchase Order Required: ___ Yes ___ No

Tax Exempt: ___ Yes ___ No

If yes, please also fill out and submit the applicable tax exemption certificate.

Tax forms can be found on our website, www.foleyinc.com.a credit application.

Authorized By:

Name: _____ Title: _____

Please submit via fax, e-mail or mail to:

*Credit Department
Foley, Inc.
855 Centennial Avenue
Piscataway, NJ 08855
Fax: (732) 885-1242
credit@foleyinc.com*

