

Name & Address Change Form

Fill out and Fax back to: **508-229-7899** or email it to **beaconaddress@beaconfunding.com**.

CUSTOMER'S CURRENT INFORMATION

Company Name	
Contract or Customer #	

NEW COMPANY NAME

Company Name	
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If business name has changed, please also fax a copy of your new business license.

NEW EQUIPMENT LOCATION

Address	
City, State, Zip	
County	
Phone	
Fax	
Contact	
Email	
Website	

Do you ☐ OWN ☐ RENT this property?

If you provide your own insurance on the equipment (rather than using Beacon's), please fax a copy of your binder reflecting your new location.

NEW BILLING ADDRESS

☐ Check box if same as new equipment location

Address	
City, State, Zip	
County	
Phone	
Contact	
Fax	
Email	

Signature _____

Person authorizing above changes

Date _____