

Name & Address Change Form

Fill out and Fax back to: **508-229-7899**

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 _____