



28 Lord Road, Suite 230  
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# Name & Address Change Form

Fill out and Fax back to: **508-229-7899** or email [questions@beaconfunding.com](mailto:questions@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 \_\_\_\_\_