

Background Resources, Inc.

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Certified Female Business Enterprise

CHANGE OF COMPANY INFORMATION REQUEST

REQUESTED BY: _____ EFFECTIVE DATE: _____

CLIENT NAME: _____ CLIENT #: _____

<u>TYPE OF CHANGE</u>	
NAME	-----
MAILING ADDRESS	-----
BILLING ADDRESS	-----
CLIENT SPECS	-----
SPECIAL REQUEST	-----
DELIVERY	-----
OTHER	-----

FILL IN ONLY AREAS THAT NEED TO BE CHANGED

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

ATTN: _____

PHONE #: _____ FAX#: _____

CONTACT PERSON: _____

CHANGES IN CLIENT SPECIFICATIONS/SPECIAL REQUESTS/DELIVERY/OTHER:

<u>*FOR BRI OFFICE USE ONLY*</u>
RECEIVED ON: _____
PROCESSED BY: _____

Requestor's Signature