



ADDRESS CHANGE AUTHORIZATION FORM

Account name: \_\_\_\_\_

CHANGING:  Billing account  Shipping account

**BILLING INFORMATION**

Current Billing Account #: \_\_\_\_\_

Current Billing Address: \_\_\_\_\_

*NEW Billing address:* \_\_\_\_\_

**SHIPPING INFORMATION**

Current Shipping Account #: \_\_\_\_\_

Current Shipping Address: \_\_\_\_\_

*NEW Shipping address:* \_\_\_\_\_

Dock/Suite # (mandatory if warehouse/multiple doors at location): \_\_\_\_\_

C/O (company receiving on your behalf): \_\_\_\_\_

Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Email completed form to: [AR@imperialdist.com](mailto:AR@imperialdist.com)

THANK YOU