

# UPDATE

## *Customer Account Information*

Legal Company Name: \_\_\_\_\_

Legal Address: \_\_\_\_\_

\_\_\_\_\_

Tax ID: \_\_\_\_\_ \*if tax exempt submit exemption certificate

Primary Contact Name: \_\_\_\_\_

Primary Contact Phone : \_\_\_\_\_

Primary Contact Email : \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_

Secondary Contact Phone : \_\_\_\_\_

Secondary Contact Email : \_\_\_\_\_

Please fax this form back to **952-945-3326**.

**\*Please note if contact information needs to be changed, it must be done by an established POC.**