



## Changes to Account:

<b>Required:</b>	
Account#: _____	Contact: _____
Date: _____	Title: _____

Fill in areas below that need to be changed ONLY:

**Ship-To Address:**

Company Name: \_\_\_\_\_  
 Attention: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip (+4): \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Email Address: \_\_\_\_\_ @ \_\_\_\_\_

Will the invoice/statements go to the same address as the earmold: Yes No

**Bill-To Address** (if invoice goes to a different location):

Company Name: \_\_\_\_\_  
 Attention: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip (+4): \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Email Address: \_\_\_\_\_ @ \_\_\_\_\_  
 Company Owner (or Corporate Officer): \_\_\_\_\_  
 Contact regarding mold orders: \_\_\_\_\_  
 Contact regarding invoices/billing: \_\_\_\_\_

**Method of payment: Check with invoice or statement**

*The above information is correct. I have received a current statement, explaining Micro Design's remake policy, return policy and shipping policy. I am aware that the terms are Net 30 and agree to pay according to the terms. I agree to pay a 2% finance charge per month on any balance over 30 days from invoice date. I also agree to pay any court costs, attorney's fee and costs of collection the seller may incur in enforcing the terms of this agreement.*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**