



## Company Name Change Form

Customer Account Number

Date of Request

### Contact Information

#### *Previous Company*

Company Name

Address

City State Zip Phone number

#### *New Company*

Company Name

Address

City State Zip Phone number

### Account Information

- Is this company under new ownership? \_\_\_ Yes \_\_\_ No
- \*If yes, please also fill out and submit a credit application.**
- Federal ID Number: \_\_\_\_\_
- Purchase Order Required: \_\_\_ Yes \_\_\_ No
- Tax Exempt: \_\_\_ Yes \_\_\_ No
- \*If yes, please fill out and submit the applicable tax exemption certificate. Tax forms can be found on our website, [www.hoffmanequip.com/online-forms](http://www.hoffmanequip.com/online-forms)**

Authorized By:

Name

Title

Please submit via fax/email/mail to: **Lisa DiGiamberdini**  
 • **Fax:** 732-968-8371 • **Email:** [lisad@hoffmanequip.com](mailto:lisad@hoffmanequip.com)  
 • **Mail to:** 120 Gordon Dr. Lionville, PA 19341