



## Change of Address Form

\_\_\_\_\_  
Customer Account Number

\_\_\_\_\_  
Date of Request

### Contact Information

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Customer Name

\_\_\_\_\_  
Main Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Email Address

### Previous Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

### New Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

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