

EDELMAN

CUSTOMER FILE MAINTENANCE CHANGES

CUSTOMER NO: _____

NEW INFORMATION:

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

SHIP TO ADDRESS: _____

CONTACTS: _____

TELEPHONE: _____

FAX: _____

EMAIL _____

SIGNATURE: _____

SUBMITTED BY: _____

DATE: _____

PLEASE RETURN THIS FORM TO ACCOUNTING

Please initial upon completion:

_____ Updated by (name)

_____ Updated for Distribution List, Mailing List