ACCOUNTS RECEIVABLE
CUSTOMER CHANGE FORM

BUSINESS UNIT: _____

CUSTOMER ID: _____

CUSTOMER NAME: _____

CHANGE(S) NEEDED:

NAME ☐ **ADDRESS** ☐ **ALTERNATE NAME** ☐

LOCATION ☐

NEW NAME DESIRED: _____
(if misspelled originally)

CUSTOMER ADDRESS : _____
(IF NEW ADDRESS)

_____

_____

ALTERNATE NAME: _____

LOCATION: _____

_____

_____

REQUESTED BY: _____**PHONE:**_____