



CUSTOMER CONTACT CHANGE FORM

Some account changes, including changes in ownership or company name, may require completion of a new Wholesale Customer Application Package. Your Sales Representative will contact you if any further documentation is required.

CUSTOMER #:		EFFECTIVE DATE:	
OWNER INFORMATION			
Name:		Percentage Owned:	
Home Address:			
City:	State:	ZIP Code:	
Email:		Cell Phone:	
Removing <input type="checkbox"/>	Adding <input type="checkbox"/>	Web Access: Full <input type="checkbox"/>	Restricted <input type="checkbox"/>
ADDITIONAL OWNER (IF APPLICABLE)			
Name:		Percentage Owned:	
Home Address:			
City:	State:	ZIP Code:	
Email:		Cell Phone:	
Removing <input type="checkbox"/>	Adding <input type="checkbox"/>	Web Access: Full <input type="checkbox"/>	Restricted <input type="checkbox"/>
MANAGER			
Name:			
Home Address:			
City:	State:	ZIP Code:	
Email:		Cell Phone:	
Removing <input type="checkbox"/>	Adding <input type="checkbox"/>	Web Access: Full <input type="checkbox"/>	Restricted <input type="checkbox"/>
BUYER			
Name:			
Home Address:			
City:	State:	ZIP Code:	
Email:		Cell Phone:	
Removing <input type="checkbox"/>	Adding <input type="checkbox"/>	Web Access: Full <input type="checkbox"/>	Restricted <input type="checkbox"/>
OTHER			
Name:		Title:	
Home Address:			
City:	State:	ZIP Code:	
Email:		Cell Phone:	
Removing <input type="checkbox"/>	Adding <input type="checkbox"/>	Web Access: Full <input type="checkbox"/>	Restricted <input type="checkbox"/>
AUTHORIZED SIGNATURE			
Owner Signature:		Date:	

Please send completed form to ATTN: Accounts Receivable Fax: (707) 765-6973 AR@hydrofarm.com
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