



BILLING/SHIPPING REQUEST CHANGE FORM

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

COMPANY INFORMATION

Customer #:	Effective Date:	
Legal Company Name:		
DBA:		
Billing Address:		
City:	State:	ZIP Code:

SHIP TO LOCATION (IF DIFFERENT FROM ABOVE)

Ship To Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Resale #:		

CLOSING STORE LOCATION (IF APPLICABLE)

Address:		
City:	State:	ZIP Code:

PLEASE SELECT ALL THAT APPLY

BILLING ADDRESS UPDATE <input type="checkbox"/>	MOVED STORE FRONT LOCATION <input type="checkbox"/>
ADDITIONAL STORE FRONT LOCATION <input type="checkbox"/>	CLOSING STORE LOCATION <input type="checkbox"/>

OTHER:

AUTHORIZED SIGNATURE

Authorized Signature:	Date:
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Please send completed form to AR@hydrofarm.com
Hydrofarm | 1510 Main St | Shoemakersville, Pennsylvania 19555 | Telephone (707) 765-9990

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