



# Customer change of information request

(Please complete a Penn Veterinary Supply credit application for a change of ownership)

**Account Number** \_\_\_\_\_

**Billing address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Shipping address**

Is this a default ship to Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional shipping address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Primary phone** \_\_\_\_\_

**Secondary phone** \_\_\_\_\_

**Fax number** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**State tax location (county or city)** \_\_\_\_\_

**State License number** \_\_\_\_\_ **Number of Full time veterinarians** \_\_\_\_\_

**Change of Buyer information:**

**Delete buyer user ID** \_\_\_\_\_ **Name** \_\_\_\_\_

**Add a buyer:**

**Name** \_\_\_\_\_ **Select a password** \_\_\_\_\_  
( must be at least  
4 characters)

**Choose a user ID** \_\_\_\_\_

**Additional Information**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_