



Since 1946

# Tacoma Screw Products, Inc.

*tacomascREW.com*

**Fasteners • Tools • Maintenance & Shop Supplies**

## Customer Account

## File Update

*(Please provide complete and legible information with authorized signature, and return to address, facsimile or e-mail as shown below)*

Date: \_\_\_\_\_

Customer Account Number: \_\_\_\_\_

Customer Account Name: \_\_\_\_\_

### Reason for account file update:

*(Please check one or more and complete as indicated)*

1)  Change of business name: \_\_\_\_\_ (>CS)

2)  Change of business ownership: \_\_\_\_\_ (>CS)

3)  Change of bill-to address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4)  Change of ship-to address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

5)  Change of phone number: ( ) \_\_\_\_\_ - \_\_\_\_\_

6)  Change of fax number: ( ) \_\_\_\_\_ - \_\_\_\_\_

7)  Change of e-mail address: \_\_\_\_\_

8)  Change of Invoice receipt by:  Mail;  Fax;  E-mail (>CS)

9)  Change of Statement receipt by:  Mail;  Fax;  E-mail (>CS)

10)  Purchase order required:  Yes;  No

11)  Job number required:  Yes;  No

12)  Authorized agent required:  Yes;  No (>CS)

*(Note: If Yes, please provide a complete listing of authorized names - including first and last - with this form)*

13)  Change of state sales tax exemption status:  Always Tax;  Sometimes Tax;  Never Tax

*(Note: If tax status is Sometimes or Never, a properly completed and signed resale certificate, or other acceptable documentation, must be on file or submitted with this form)*

Comments: \_\_\_\_\_

\_\_\_\_\_

Authorized customer signature: \_\_\_\_\_

Print name: \_\_\_\_\_

### Please return completed form to:

Tacoma Screw Products, Inc.  
Corporate, Attn: Accounts Receivable Department  
2001 Center Street  
Tacoma, WA 98409-7895 U.S.A.

Fax (253) 572-9407 E-mail araccounting@tacomascREW.com Phone (253) 572-3444 Toll Free (800) 562-8192