

# AUTOMATED BUSINESS MACHINES, INC.

F & E CHECK PROTECTOR COMPANY

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## IN ORDER TO UPDATE OUR FILES, PLEASE PROVIDE THE FOLLOWING:

EFFECTIVE DATE OF CHANGE(S) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### CORRECT BILLING ADDRESS:

ORGANIZATIONAL NAME: \_\_\_\_\_

ATTN: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

DEPT./SUITE/ROOM#: \_\_\_\_\_

or P.O. BOX w/ZIP CODE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

ANY REQUIRED BILLING INFORMATION: (SUCH AS PURCHASE ORDER #, DEPT. NAMES,  
CONTACT PERSONS, ETC.)

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

ACCOUNTS PAYABLE CONTACT PERSON: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EXT: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PURCHASING CONTACT PERSON: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EXT: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ANY SPECIAL INSTRUCTIONS AS TO WHOM OR HOW SERVICE CALLS ARE TO BE PLACED:

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