



CUSTOMER CHANGE OF INFORMATION

Account # _____

Name of Business _____

Old Billing Address _____

City, State, Zip _____

Old Phone No. _____

Old Shipping Address _____

City, State, Zip _____

Name of Business _____

New Billing Address _____

City, State, Zip _____

New Phone No. _____

New Shipping Address _____

City, State, Zip _____

Signature _____

Printed Name _____

Job Title _____

Note: Federal DEA Certificate must support all changes. We Cannot change Doctor's name or remove any personal information using this form. This form is used to ensure proper delivery of orders and correspondence.

Form may be faxed or mailed to:

Merritt Veterinary Supplies, Inc.
1520 Pineview Road
Columbia, SC 29209

Phone: 800.845.0411
Fax: 800.535.3654
Fax: 803.695.1674