

## Change of Address Form

Date of Request: \_\_\_\_\_

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

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### Contact Information

Business Name: \_\_\_\_\_

Contact Name/Title: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Primary Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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### Address Information

Change address for (check all that apply):

- Billing       Physical       Asset Location

Previous Address: \_\_\_\_\_

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

New Address: \_\_\_\_\_

Contact Name/Title: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

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

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Please submit via fax, e-mail or mail to: **Carolina CAT**  
Credit Department  
9000 Statesville Road  
Charlotte, NC 28269-7642  
Fax: (704) 599-4511  
Email: [credit@carolinacat.com](mailto:credit@carolinacat.com)