

Company Name Change Form

Date of Request:	
Custo	mer Account Number:
Contact Information	
Previo	us Company Name:
	Address:
	City: State: Zip:
	Phone Number:
New	Company Name:
	Contact Name/Title:
	Cell Phone Number:
	Address:
	City: State: Zip:
	Phone Number:
Acco	unt Information
>	Is this company under new ownership?
>	Federal ID Number:
>	Purchase Order Required: Yes No
>	Taxable:
	If yes, please complete and submit the tax exemption certificate that applies. Tax forms can be found on the Financial Services section of our website: www.carolinacat.com
Autho	orized by:
Name:	Title:
	Please submit via fax, e-mail or mail to: Carolina CAT Credit Department

9000 Statesville Road Charlotte, NC 28269 Fax: (704)599-4511 Email: credit@carolinacat.com