

CONTACT AND ADDRESS CONFIRMATION FORM

BILLING ADDRESS CHANGE: YES NO

Current Billing Address	New Billing Address
Street Address:	*Street Address:
City/State/Zip:	*City/State/Zip:
Attention:	Attention:
	Phone #:
	Fax #:

EQUIPMENT ADDRESS CHANGE: YES NO

Current Equipment Location	New Equipment Location
Street Address:	*Street Address:
City/State/Zip:	*City/State/Zip:
	*County:

*Required Fields if change is applicable.

Please provide proof of change, i.e. Lease Agreement, Utility Bill or Receipt for PO Box along with this completed form to:

EMAIL: customerservice@lease-services.com

LESSEE SIGNATURE

By: _____
Signature

Print Name and Title Date