

## Account Update Request

To make adjustments to your legal account information, please complete all fields related to your request, sign and return this form along with any supporting documents by email to [accounts@paragarddirect.com](mailto:accounts@paragarddirect.com) or by fax to 1-469-365-8168.

Account Name: \_\_\_\_\_

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

### Change Account Name

Change Legal Account Name To: \_\_\_\_\_

**Changes to account name may require additional paperwork. Please contact [accounts@paragarddirect.com](mailto:accounts@paragarddirect.com) for further direction.**

### Change Billing Address

Billing Address 1: \_\_\_\_\_

Billing Address 2: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Fax: \_\_\_\_\_

Has account tax ID changed (i.e., is the change pursuant to a change of ownership)?

Yes (Please contact Account Setup Team at 1-877-PARAGARD)

No

### Change Shipping Address

**To change shipping address, this form must be submitted along with a Letter of Affiliation form and a current, valid license/permit.**

Shipping Address 1: \_\_\_\_\_

Shipping Address 2: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Fax: \_\_\_\_\_

Is the site 340B eligible?  Yes, 340B ID#: \_\_\_\_\_

No

Ordering Contact: \_\_\_\_\_

## AUTHORIZED SIGNATURE REQUIRED

By my signature below, I indicate that as an authorized purchasing agent and/or officer of the company, I authorize Paragard Direct<sup>™</sup> to make the account change(s) indicated above.

Authorized Agent/Officer for Account Change (Signature): \_\_\_\_\_

Authorized Agent/Officer (Print Name): \_\_\_\_\_

Date: \_\_\_\_\_



Submit completed form and supporting documents by email to [accounts@paragarddirect.com](mailto:accounts@paragarddirect.com) or by fax to 1-469-365-8168.