

FAX TO: _____ Fax # _____ Date _____

Name Change Form

Office use only: Date Received: _____	Date Changed: _____
File UCC <input type="checkbox"/> No <input type="checkbox"/> Yes _____	Changed By _____
_____	Approved by: _____
Lease #: _____	Customer #: _____
Current Name on Contract: _____	

To be Completed by Customer: Return by fax to Banleaco 800-342-6855

Has the Company been sold?	__ YES	__ NO
Is Guarantor on lease still with the company?	__ YES	__ NO
If no, provide current Guarantor Name _____		
Address _____		
_____ Phone # _____		
NEW INFORMATION:		
___ Legal Name Change	___ DBA only Name Change	
Name: _____		
Location of equipment: _____		

Billing address if different than physical: _____		

Phone #: _____ Fax #: _____		
Email Address: _____		
Additional Info: _____		

Authorized by: _____		Date _____
Customer Signature		
Name (print): _____		