Campbell
Quality Water System Products

Customer Account Update Sheet

Keep your account information up to date. By doing so, we will be able to provide you with the best possible service. Fill in this form with any informational changes. Use this form to change your primary, bill-to, account information or to add, change, or deactivate a ship-to location, member, or branch. Each form submission can only update a single location. Use copies of this form if necessary. Be sure to sign the form, then fax it back to us at 610-367-0022.

Primary Billing Account Information

Campbell Account Number: _____ (required)

Company Name: _____ (required)

Primary Address: _____ (required)

_____

_____

City: _____ State: _____ Zip/Postal Code: _____ Country: _____

Ship To Location Information

Select One: ____ Update this Location ____ Add a New Location ____ Deactivate this Location

Campbell Ship To Number: _____ (if known)

Your Location/Branch ID: _____ ID for EDI: _____ (if applicable)

Company Name: _____

Physical Street Address: _____

_____

_____

City: _____ State: _____ Zip/Postal Code: _____ Country: _____

Please fill in your name, email address, phone number and today's date. This form will not be accepted by Campbell Manufacturing unless this information is provided along with a signature.

This form has been filled out and faxed by: _____ Date: _____

Phone Number: _____

Email Address: _____

_____ Pages are being faxed

Fill out the following page to update contact information

Fax back to Campbell at **610-367-0022**

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Contact Information Select One: ____ This contact information is for my primary billing account

____ This contact information is for my ship-to / branch location
(ship-to / branch information must be present)

Primary Contact (usually Purchasing)

Contact Name: _____ Nickname: _____

Job Title: _____ Department: _____

Address: _____

_____

City: _____ State: _____ Zip/Postal: _____ Country: _____

Phone Number: _____ Fax Number: _____ Cell Number: _____

Email Address: _____

Secondary Contact (usually Accounts Payable)

Contact Name: _____ Nickname: _____

Job Title: _____ Department: _____

Address: _____

_____

City: _____ State: _____ Zip/Postal: _____ Country: _____

Phone Number: _____ Fax Number: _____ Cell Number: _____

Email Address: _____

Additional Contact

Contact Name: _____ Nickname: _____

Job Title: _____ Department: _____

Address: _____

_____

City: _____ State: _____ Zip/Postal: _____ Country: _____

Phone Number: _____ Fax Number: _____ Cell Number: _____

Email Address: _____

Fax back to Campbell at **610-367-0022**