

COMPANY NAME CHANGE REQUEST FORM

Dealer ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please return form to patricia.gause@transferexpress.com

COMPLETE THE FOLLOWING INFORMATION

|  |
| --- |
|  |
| Old Company Name |
| Company Address 1 |
| Company Address 2 |
| City State Zip Code |
| EIN Number Company Telephone Number Company Fax Number |

 CHECK THE APPROPRIATE REASON FOR THE CHANGE NEW COMPANY NAME

|  |  |
| --- | --- |
| Spelling Correction |  |
| Business formation change (Inc., LLC, LLP, etc)  |  |
| Marketing Reasons |  |
| Other |  |

Note: Supporting documentation to be provided, where applicable

Company

Title

Email Telephone Number

Print Name Signature

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