



SBT Dealer Change Form

Company's Legal Name: _____

Doing Business as: _____

Main Telephone Number: _____

SBT account Number if different then Phone # _____

CHANGE ADDRESS ON FILE

Shipping Billing Both

Address _____

City _____ State _____ Zip Code _____

Changes by _____ Title _____

Date _____ Signature _____

Please select one:

Add as secondary Credit Card One time use only Replace ALL cards on file

***If using one time only,
Credit card must match the address on file***

CHANGE CARD ON FILE

I hereby authorize Short Block Technologies, Inc. to replace the credit card listed on the original Dealer Agreement with the following card. I have read and agree to all terms and conditions set forth in the original dealer agreement on file.

Credit Card Number: _____ Exp. Date: _____

Name on Credit Card: _____

Billing Address on CC if Different From Above: _____

Dealer (must be signed by an officer of the company)

Signed: _____ Date: _____

Printed/Title: _____

Dealer (must be co-signed by the cardholder if not a corporate credit card)

Signed: _____ Date: _____

Printed/Title: _____