



Main Office:
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COMMERCIAL ACCOUNT SECURITY UPDATE SHEET
PLEASE COMPLETE THE FOLLOWING INFORMATION
AND FAX BACK TO: 972-241-0654 ATTN: CREDIT DEPARTMENT

ACCOUNT NUMBER:		
ACCOUNT NAME:		
BILLING ADDRESS:		
SHIPPING ADDRESS:		
TELEPHONE NUMBER:	FAX NUMBER:	E-MAIL: _____
Please check one: <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> OTHER		
MAIN CONTACT:		TITLE:

AUTHORIZED PURCHASING PERSONNEL IN OUR SYSTEM:

REQUIRMENTS ON PURCHASES		
WRITTEN PURCHASE ORDER # REQUIRED	<input type="checkbox"/> YES	<input type="checkbox"/> NO
TELEPHONE AUTHORIZATION REQUIRED	<input type="checkbox"/> YES	<input type="checkbox"/> NO
SIDEMARKS REQUIRED	<input type="checkbox"/> YES	<input type="checkbox"/> NO
OTHER REQUIREMENTS: _____		

I HEREBY VERIFY THAT THE AUTHORIZATION TO PROVIDE THE ABOVE INFORMATION.

 NAME/TITLE

 DATE