



Authorized Buyer Update

Date _____

Changes Being Requested:

Account Number: _____

Company Name: _____

Address Change: Street _____

City _____ Zip _____

Phone # _____

Name Additions: _____

Name Deletions: _____

Person Requesting Change: (Please Print) _____

Signature Here _____

Information taken by: (Employees Name) _____

IMPORTANT PLEASE READ

Please be sure the information is complete and legible. Fax or mail changes to Floyd's Credit Department.

Fax (661) 410-4613
Mail to: P.O. Box 2940
Bakersfield, CA 93303

Changes will be made upon receipt during regular office hours.