



Company Name Change Request

Re: Company Name Change Request

Date: _____

asi/:

Company Name:

Completing and returning this form certifies that you are changing your company name. By sending this form back to ASI, completed and signed by an officer of the company, ASI will make the appropriate changes to your company information in the ASI database which will update all of the publications and products from ASI. You also acknowledge that your ASI# may change as a result of changing your company name, this will be further discussed by the ASI Member Information Coordinator with whom you are working.

<p><u>Change Name From:</u></p> <p>_____</p> <p>_____</p> <p>(print OLD company name on lines provided above)</p>
<p><u>Change Name to:</u></p> <p>_____</p> <p>_____</p> <p>(print NEW company name on lines provided above)</p>

Signature/Date

Print Name

Please complete this form and fax it back to ASI at (215)953-3150. If you have any questions, please contact the ASI Member Information Team at (215)953-3011 or send an email to InformationUpdate@asicentral.com. If this change requires a change to your ASI#, an ASI Member Information Coordinator will contact you before hand.

ASI Member Information Team

InformationUpdate@asicentral.com

Toll: (800) 546-1350 xt 3011

fax: (215) 953-3150