

2380 So. 6th St.  
Klamath Falls, OR 97601  
541.885.3535



1881 NE 7th St.  
Grants Pass, OR 97526  
541.471.4300

## **CHANGE OF ACCOUNT STATUS**

### **Current Information:**

Account Number: \_\_\_\_\_ Account Name: \_\_\_\_\_

### **Changes to Account:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

**Statements sent via:** Fax# \_\_\_\_\_ **Email** \_\_\_\_\_

(Circle One w/ Information)

### **Credit Limit Increase:**

I am requesting the following credit limit increase to my account:  
\$ \_\_\_\_\_

### **Authorized Signer Changes: (Attach Separate List if necessary)**

Adding Authorized Signers to Account:  
Account: (Please Print)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Removing Authorized Signers from:  
(Please Print)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Signature of Person Authorized to Make Changes

Printed Name of Authorized Person

Date of Change

**Once Completed Please Fax Back To: (541) 885-5626 –or- Email:  
accountsreceivable@diamondhi.com ATTN: Meredith**