



SHORT BLOCK TECHNOLOGIES
1401 N. Myrtle Avenue, Clearwater, FL 33755
(727) 443-0373 phone (727) 461-4268 fax
www.ShopSBT.com

Dear Valued Customer:

Please complete the attached form to update your SBT Account Information. This form is to update your account information or if you may choose to replace an old or expired card with a new card or add a backup card to your account.

All terms and conditions set forth in the original signed dealer agreement are applicable to any approved credit card on file. As always, you may choose to pay by COD and use the credit card for core return charges only, if applicable.

Please fill out the top section and the other applicable sections on the form for the items you need to update. An officer of the account must sign for all changes.

If you have any questions regarding this form or would like a copy of your signed agreement, please call us at your convenience.

Sincerely,

SBT Accounting Department

**FAX ATTACHED FORM TO: (727) 461-4268
or Email to Accounting@shopsbt.com**

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

NEW ADDRESS: Shipping Billing Both

New Address _____ New Phone # _____

City _____ State _____ Zip Code _____

Changes by: _____ Title _____

Signed: _____ Dated: _____

Primary Method of Payment: Credit Card COD

CHANGE DEALER CREDIT 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: _____ Security Code: _____ (3 digit code on back of card above sign. line)

Billing Address on CC if Different From Above: _____

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

Signed: _____ Dated: _____

Printed/Title: _____

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

Signed: _____ Dated: _____

Printed/Title: _____

ADD SECONDARY DEALER CREDIT CARD TO FILE

I hereby authorize Short Block Technologies, Inc. to add the credit card listed below as an Alternate Card for billing purposes in accordance with the Dealer Agreement on file. 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: _____ Security Code: _____ (3 digit code on back of card above sign. line)

Billing Address on CC if Different From Above: _____

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

Signed: _____ Dated: _____

Printed/Title: _____

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

Signed: _____ Dated: _____

Printed/Title: _____