## 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 Pho	one #			
CHANGE ADDRESS ON F	ILE			
NEW ADDRESS: □ Shipping □ Billing	□ Both			
New Address		N	lew Phone #	
City		_ State	Zip Code	
Changes by:		Title		
Signed:		Dated:		
Primary Method of Payment:	Credit Card	СОР		
CHANGE DEALER CREDI	T CARD ON	FILE		
I hereby authorize Short Block Technolog I have read and agree to all terms and co				reement with the following car
Credit Card Number:			_Exp. Date:	
Name on Credit Card:				
Billing Address on CC if Different From Ab	ove:			
Dealer (must be signed by an officer of th	e company)			
Signed:		Dated:		
Printed/Title:				
Dealer (must be co-signed by the cardholo	der if not a corporate	e credit card)		
Signed:		Dated:		
Printed/Title:				
ADD SECONDARY DEALI	ER CREDIT (	CARD TO I	FILE	
I hereby authorize Short Block Technolog with the Dealer Agreement on file. I have				
Credit Card Number:			_Exp. Date:	
Name on Credit Card:				
Billing Address on CC if Different From Ab	ove:			
Dealer (must be signed by an officer of th	e company)			
Signed:		Dated:		
Printed/Title:				
Dealer (must be co-signed by the cardholo	der if not a corporate	e credit card)		
Signed:		Dated:		
Printed/Title:				