

ADDRESS / NAME CHANGE

Sign and fax the completed form to 1-480-449-8823. E-mail: clientsupport@ccbill.com for assistance.

Please choose the type of information you would like to change:

- Payment Delivery Address**
- Principal Name /Principal Address**
- Business Name/Business Address**

If moving or changing check information then please make sure to fill out this form in order to ensure proper delivery of checks via mail.

Please do not assume the change has been made unless you receive email confirmation from CCBill to the address you have provided for your account.

Changes can only be made by the client that signed up for the account and whose name and signature are on the contract.

CURRENT INFORMATION:

Account Number: _____

Name On Check: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

NEW INFORMATION:

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Name On Check: _____

Reason for Change:

Tax ID #: _____ (Only if name is being changed)

Account Holders Signature:

_____ Date: _____

Account Holders Name Printed:

_____ Date: _____

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