



WHOLESALE CUSTOMER CHANGE REQUEST FORM

Please type or write legibly in black ink.

BUSINESS NAME: _____
OWNER NAME: _____
PHONE # (24 HOUR CONTACT): _____
PERSON REQUESTING THIS CHANGE: _____
ACCOUNT # (if known): _____
PREVIOUS ADDRESS: _____
EMAIL ADDRESS: _____

PLEASE CHANGE YOUR FILES TO REFLECT THE FOLLOWING CHANGES:

NEW BILLING ADDRESS:

Street: _____

City and Zip code: _____

Phone #: _____ Fax #: _____

NEW SHIPPING ADDRESS:

Street: _____

City and Zip code: _____

Phone #: _____ Fax#: _____

NEW EMAIL ADDRESS: _____

OTHER CHANGES: _____

Please email back to newaccounts@jellybelly.com or fax to 707-399-2914.

Date: _____

Signature: _____