



Notification to all LexisNexis® customers

You are required to notify LexisNexis of any change in ownership of your company or organization, any change in the name of your company/organization, and/or any change in the physical address of your company/organization. If you have a change either to ownership, company/organization name, or physical address, please fill out this form and fax it to LexisNexis at 678-893-9600.

Note: This document does not have to be completed if the request is to update contacts, email address(es), phone numbers, or zip codes.

Please select the account items to be changed (only one address/account per form):

\_\_\_ Street Address \_\_\_ Billing Address \_\_\_ Both \_\_\_ Ownership

LexisNexis Account Number or Node ID: \_\_\_\_\_ (Required)

OLD INFORMATION

Company/Organization Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email address: \_\_\_\_\_

NEW INFORMATION

\* Company/Organization Name: \_\_\_\_\_

\*\* Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email address: \_\_\_\_\_

\* If Company/Organization Name or Ownership change, you must provide a copy of the business document (e.g., business license, Articles of Incorporation, etc.) which supports the name or ownership change.

\*\* If address change, you may have to provide a copy of a current (within 60 days) utility bill (i.e.: electric, gas, water, or phone bill). A representative from LexisNexis will contact you if one of these documents is necessary to update your account. If additional documents are requested, please fax them to: 678-893-9600.

By signing below you agree that the above-named company is bound by the terms and conditions of your existing agreement and any amendments with LexisNexis.

Signature: \_\_\_\_\_

Signature of Authorizing Company Representative

Please Print: \_\_\_\_\_

Name/Title of Authorizing Company Representative

Date: \_\_\_\_\_