

Account Update Request

To make adjustments to your legal account information, please complete all fields related to your request, sign and return this form along with any supporting documents by email to accounts@paragarddirect.com or by fax to 1-469-365-8168.

Account Name: _____

Account Number: _____

Change Account Name

Change Legal Account Name To: _____

Changes to account name may require additional paperwork. Please contact accounts@paragarddirect.com for further direction.

Change Billing Address

Billing Address 1: _____

Billing Address 2: _____

City, State, ZIP: _____

Contact Phone: _____ Contact Fax: _____

Has account tax ID changed (i.e., is the change pursuant to a change of ownership)?

Yes (Please contact Account Setup Team at 1-877-PARAGARD)

No

Change Shipping Address

To change shipping address, this form must be submitted along with a Letter of Affiliation form and a current, valid license/permit.

Shipping Address 1: _____

Shipping Address 2: _____

City, State, ZIP: _____

Contact Phone: _____ Contact Fax: _____

Is the site 340B eligible? Yes, 340B ID#: _____

No

Ordering Contact: _____

AUTHORIZED SIGNATURE REQUIRED

By my signature below, I indicate that as an authorized purchasing agent and/or officer of the company, I authorize Paragard Direct[™] to make the account change(s) indicated above.

Authorized Agent/Officer for Account Change (Signature): _____

Authorized Agent/Officer (Print Name): _____

Date: _____



Submit completed form and supporting documents by email to accounts@paragarddirect.com or by fax to 1-469-365-8168.