Change of Company Name Form

m Owned:	Cabinet Pro	Door Pro	Garage Pr
	Furniture Pro	Closet Pro	
	Current Name of Company 0	Owning Program	
Company Name:			
Address:	City	State	:Zip:
Work Telephone:	Fax:	Home:	
E-Mail Address:			
Signature:		Date:	
The above signature denotes a	agreement to completely terminate all use	e of the program under the Co	mpany Name shown at
	New Name of Company Ow	ning Dragram	
	City		
Work Telephone:	Fax:	Home:	
E-Mail Address:			
Signature:		Date:	- <u>-</u>
The above signa	ature denotes agreement to use the progra	am under the Company Name	shown above.
Credit Card Number:		Expiration Date:	
Name on Credit Card:		3-Digit So	ecurity Code (CCV):
Address on record with			
Credit Card Company:	0:1	-	
. ,	City		_State:Zip:
	\$300 to be deducted from the credit c		
I hereby authorize the total of	\$300 to be deducted from the credit c gram checked above.		

This change is not binding until you receive an approval via email.