



STAR Customer Contact Information

See Instructions Below

Type of Request: <input type="checkbox"/> New Contact <input type="checkbox"/> Change Contact <input type="checkbox"/> Inactivate Contact		
Customer ID No.: (Required for Changes or Inactivation)		Contact ID No.: (Required for Changes or Inactivation)
Contact Name: (Only if different than customer name)		Title:
Address, Location: (For existing customers)		
Address 1: (Primary Street Address, Ste./Apt #)		
Address 2: (P.O. Box etc.)		
City:	County:	State:
Zip Code/Postal:	Country: (If not USA)	

<p>Select Preferred Method of Contact: <i>Note: <u>If email is checked</u> as the preferred method, all invoices will automatically be <u>emailed</u> to this contact person.</i></p> <p><input type="checkbox"/> Call:* Phone Number: (Area code & Ext.) _____</p> <p><input type="checkbox"/> FAX:* FAX Number: (Area code) _____</p> <p><input type="checkbox"/> Email: Email Address: _____</p> <p>* (INVOICES WILL BE PRINTED AND SENT USPS)</p>	
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Instructions

Customer ID Number required only if this is a change or inactivation. Leave space blank if new customer.

Contact ID Number: (Required for Changes or Inactivation). Leave space blank if new contact.

Customer Contact Name is the primary contact for this customer.

Address 1 is primary customer contact street address, apartment, suite or room number. Use Address 2 for continuation of address 1 i.e. for PO Box number, etc.

Complete City, County, State, Zip Code/Postal and Country.

Check the box for preferred method of contact and include phone number, fax number or email address.

You must also submit DOA-6453 STAR Customer Setup and Change Information.
 If you are a Sponsor, DOA-6455 STAR Sponsor Information is additionally required.