



**Account Update Form**

DATE: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

**PLEASE SELECT ALL THAT APPLY:**

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> PRACTICE NAME  | <input type="checkbox"/> DOCTOR NAME     | <input type="checkbox"/> BILL TO ADDRESS | <input type="checkbox"/> SHIP TO ADDRESS |
| <input type="checkbox"/> CONTACT PERSON | <input type="checkbox"/> EMAIL           | <input type="checkbox"/> STATEMENT EMAIL | <input type="checkbox"/> PHONE NUMBER    |
| <input type="checkbox"/> REMOVE ITEM    | <input type="checkbox"/> HARD CODED NOTE | <input type="checkbox"/> FAX NUMBER      | <input type="checkbox"/> OTHER           |

**PLEASE PROVIDE DETAILS OF THE UPDATE:** (Please print)

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**PLEASE CONFIRM WHAT IS BEING REMOVED:** (Please print)

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SIGNATURE: \_\_\_\_\_

**Please return this completed form via email or fax:  
[Customerservice@blanchardlab.com](mailto:Customerservice@blanchardlab.com) or Fax 603.627.3280**