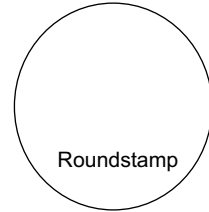


To: Pricing and Classification Service Center  
PO Box 3623  
New York NY 10008-3623



AUTHORIZATION NUMBER of Organization \_\_\_\_\_

**Check action needed:**

Organization Name Change*	<input type="checkbox"/>	Organization Address Change	<input type="checkbox"/>	Alternate Address Change	<input type="checkbox"/>
Telephone Change	<input type="checkbox"/>	Contact Name Change	<input type="checkbox"/>	Contact Title Change	<input type="checkbox"/>
Contact Email Change	<input type="checkbox"/>	Revocation	<input type="checkbox"/>	Date Last Used	____/____/____

**\*Required documentation, such as an amendment to your articles of incorporation or letter from the IRS MUST be attached.**

**Old Organization Name, Address, Alternate Address, Telephone, Contact Name, Title and Email**

Organization Name \_\_\_\_\_

Street \_\_\_\_\_

City, State, ZIP + 4<sup>®</sup> \_\_\_\_\_

Alternate Street \_\_\_\_\_

Alternate City, State, ZIP + 4<sup>®</sup> \_\_\_\_\_

Telephone \_\_\_\_\_

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

Contact Title \_\_\_\_\_

Contact Email \_\_\_\_\_

**New Organization Name, Address, Alternate Address, Telephone, Contact Name, Title and Email**

Organization Name \_\_\_\_\_

Street \_\_\_\_\_

City, State, ZIP + 4<sup>®</sup> \_\_\_\_\_

Alternate Street \_\_\_\_\_

Alternate City, State, ZIP + 4<sup>®</sup> \_\_\_\_\_

Telephone \_\_\_\_\_

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

Contact Title \_\_\_\_\_

Contact Email \_\_\_\_\_