



P.O. Box 369 (Mail)
303 E. Pecan Dr. (Physical)
Johnson City, TX 78636
830.868.7111 (Phone)
830.868.7718 (Fax)

Application Date: _____

Change of Business Address Form

SECTION I. *OLD ADDRESS AND INFORMATION*

NAME: _____

OLD BUSINESS ADDRESS: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

SECTION II. *NEW ADDRESS AND INFORMATION*

NEW BUSINESS ADDRESS: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT

SIGNATURE

DATE

Office Use Only:

APPLICATION DATE: _____



P.O. Box 369 (Mail)
303 E. Pecan Dr. (Physical)
Johnson City, TX 78636
830.868.7111 (Phone)
830.868.7718 (Fax)

CHANGE OF BUSINESS NAME AND DBA FORM

SECTION I. *MERCHANT INFORMATION*

MERCHANT NUMBER: _____

CURRENT DBA: _____

NEW DBA: _____

CURRENT LEGAL BUSINESS NAME: _____

NEW LEGAL BUSINESS NAME: _____

BUSINESS TYPE: _____

ARE YOU SELLING DIFFERENT PRODUCTS: No Yes (EXPLAIN BELOW)

PLEASE SUBMIT TWO OF THE FOLLOWING DOCUMENTS:

___ ARTICLES OF INCORPORATION

___ DBA FILING

___ NAME CHANGE FILING

___ BUSINESS FILING

___ SELLER'S PERMIT

___ FICTITIOUS NAME FILING

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT.

SIGNATURE

DATE

OFFICE USE ONLY: