

Synchrony Bank

CHANGE OF ADDRESS FORM

FOR OFFICE USE ONLY

ORG:

EFFECTIVE DATE:

DEALER #:

DEALER NAME:

OLD STREET ADDRESS

CITY

STATE

ZIP

PHONE

FAX

NEW STREET ADDRESS

CITY

STATE

ZIP

PHONE

FAX

AUTHORIZED SIGNATURE:

TITLE:

% OF OWNERSHIP:

DATE:

**THESE CHANGES CAN ONLY BE MADE BY THE INDIVIDUAL WHO SIGNED
THE ORIGINAL DEALER AGREEMENT**

Please fax this form back to 1-866-451-0103

or mail to:

Card Services

Client Support

PO Box 8726

Dayton, OH 45401-8726