

# InterfaceEDI

## AUTHORIZATION TO CHANGE PREFERRED EDI DEALER

Registered Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Account #: \_\_\_\_\_

### DEALER INFORMATION:

Current Dealer: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Requested Dealer: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

I certify that I am at least 18 years of age. The account number listed on this Authorization form is listed in my name and/or I am authorized to change the preferred EDI dealer. My signature on this form authorizes InterfaceEDI to change my current dealer to my requested dealer listed above. After completing this form, print the registration form from your current EDI and fax both forms to InterfaceEDI to verify your account number, serial number, and registration code.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed : \_\_\_\_\_ Title: \_\_\_\_\_

### InterfaceEDI use only

Verified by: \_\_\_\_\_ Date Received: \_\_\_\_\_

Changed by: \_\_\_\_\_ Date Processed: \_\_\_\_\_