



## CUSTOMER INFORMATION UPDATE FORM

You may mail the completed form to the address above or email to [accounts@luptech.net](mailto:accounts@luptech.net)

| GENERAL INFO     |  |       |             |
|------------------|--|-------|-------------|
| Company Name     |  | Phone | (    )    - |
| Street Address   |  | Fax   | (    )    - |
| City, State, Zip |  | eMail |             |

| BILLING INFO     |  |       |             |
|------------------|--|-------|-------------|
| Billing Contact  |  | Phone | (    )    - |
| Mail Address     |  | Fax   | (    )    - |
| City, State, Zip |  | eMail |             |

| TECHNICAL CONTACTS |  |       |             |
|--------------------|--|-------|-------------|
| Contact Name       |  | Phone | (    )    - |
| Department         |  | eMail |             |
| Contact Name       |  | Phone | (    )    - |
| Department         |  | eMail |             |

| AUTHORIZED PURCHASERS |  |       |             |
|-----------------------|--|-------|-------------|
| Contact Name          |  | Phone | (    )    - |
| Department            |  | eMail |             |
| Contact Name          |  | Phone | (    )    - |
| Department            |  | eMail |             |
| Contact Name          |  | Phone | (    )    - |
| Department            |  | eMail |             |
| Contact Name          |  | Phone | (    )    - |
| Department            |  | eMail |             |

**By signing below you certify that: You have been authorized by your company to provide this information, all information provided on this document is true and correct to the best of your knowledge, and you authorize 1 Up Tech LLC to update the information on file for your company.**

|                 |  |       |  |
|-----------------|--|-------|--|
| Print Full Name |  | Title |  |
| Signature       |  | Date  |  |