



Change of address

Name as appears on check _____

Old Address _____

New Address _____

Company you receive payments from _____

Owner Number _____

Last 4-digits of Social Security # or Tax ID _____

Please send us a copy of your change of address to one of the following:

- Extex Division Order Services

1526 Cole Boulevard, Suite 350
Lakewood, CO 80401

- Fax: (303) 463-8808
- Email: customersupport@extexllc.com