

CUSTOMER SERVICE REQUEST FORM

This form is to be provided to request a change to the *Authorization to Mark (ATM)* or *Listing Report* only.

Please complete this form within 5 business days of a change to the *Authorization to Mark (ATM)* and submit to the Building Products Certification Help Desk at bpcerhelpdesk@intertek.com. If you have any questions, please call the Help Desk at +1 (855) 944-2378.

CURRENT CLIENT INFORMATION			
Company Name (as shown on ATM)			
Plant Address (as shown on ATM)			
City	State/Province	Postal Code	Country
Primary Contact	Phone Number	Email Address	
Billing Address (if different from address above)			
Primary Billing Contact	Phone Number	Email Address	
Invoice Requires a Purchase Order Number Prior to Release of Invoice? ☐ Yes ☐ No		Blanket PO Number (if applicable)	Blanket PO Expiration (if applicable)
REQUESTED CHANGES TO AUTHORIZATION TO MARK – Please complete all applicable fields.			
Company Name	Old Legal Entity Name		
	New Legal Entity Name		
Address ☐ Applicant ☐ Plant ☐ Billing	Old Address		
	New Address		
Contact ☐ Primary ☐ Billing	Old Contact Name	Old Contact E-mail	
	New Contact Name	New Contact E-mail	
Contact ☐ Telephone ☐ Fax	Old Number		
	New Number		
Supplier Change	Add Supplier(s)		
	Delete Supplier(s)		
Other Administrative Changes or Requests			

Print Name: _____

Signature: _____

Title: _____

Date: _____

This information is for the exclusive use of Intertek's Client and is provided pursuant to the Certification Agreement between Intertek and its Client. Intertek's responsibility and liability are limited to the terms and conditions of the agreement. Intertek assumes no liability to any party, other than to the Client in accordance with the agreement, for any loss, expense, or damage occasioned by the use of this information.