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 bpcerthelpdesk@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:** _____