For Internal Use Only		
Date Received:		
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	AMENDMENT T	O COMMERCIAL CREDIT A	ACCOUNT	
•	·	•	on your account, please complete this ISLANDS or fax to 345-949-7074.	
Name of company:				
Business phone:				
Cell phone:				
Business fax:				
Primary e-mail address:				
Physical address:				
Mailing address:	P.O. Box	Island	Postal code	
Do you require a purcha	ase order?	Yes	No	
Please list below the na EQUIPMENT RENTAL AI		who are authorized to sign on y ime clearly)	our account at MASSIVE	
Authorized signatory Specimen s		nen signature		
Authorized signatory Specimen signature		nen signature		
Authorized sign	natory	Specim	Specimen signature	
In receipt of this form w Authorized signatories p	·	ds as early as possible. If addition	onal space is needed to list	
Dated this day of	F	, 20 .		