Business Name/Change of Address Form

(BuyHasbro.ca)

|  |  |
| --- | --- |
| **SUBMITTED BY:** | **DATE:** |

**GENERAL INFORMATION:**

## NEW SOLD-TO INFORMATION ADDRESS CHANGE ONLY

|  |  |  |  |
| --- | --- | --- | --- |
| NAME/DBA |  | | |
| PO BOX |  | | |
| STREET ADDRESS |  | | |
| **CITY, PROVINCE** |  | | |
| **COUNTRY, POSTAL CODE** |  | | |
| **CONTACT NAME** |  | | |
| **CONTACT EMAIL** |  | | |
| **CONTACT PHONE** |  | CONTACT FAX |  |

## NEW SHIP-TO INFORMATION ADDRESS CHANGE ONLY

|  |  |  |  |
| --- | --- | --- | --- |
| NAME/DBA |  | | |
| STREET ADDRESS |  | | |
| **CITY, PROVINCE** |  | | |
| **COUNTRY, POSTAL CODE** |  | | |
| **CONTACT NAME** |  | | |
| **CONTACT EMAIL** |  | | |
| **CONTACT PHONE** |  | CONTACT FAX |  |

Please confirm that the Name change should also be for the following:

Bill to

Payer

**SIGNATURE AUTHORISING CHANGE**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please email the completed for to Buyhasbro.ca@hasbro.com, an administrator will confirm once the changes or additions have been processed.