

# Change of Details



Please use this form to advise of any changes to your firm such as billing details, contact names, address, phone, and email.

Firm Name:

Primary Contact:

**Please update the following:**

Firm Name:

Contact Names:

Email:

1.

2.

3.

4.

Firm Address:

State:

ZIP:

Phone:

Fax:

Website:

Credit Card:

Expiry:

Billing Address (if different):

Please:

1). Mail this form to 5768 Paradise Drive, Second Floor, Corte Madera, CA 94925

2). Fax this form to 415-924-3105

3). Email this form to [info@2020groupUSA.com](mailto:info@2020groupUSA.com)