



Customer Information Update Form

Please assist us with keeping our records up to date with the correct contact information for your company and the location(s). Please complete the information below and return to our Cash Depot Customer Service department to insure that the new information will get updated in our system.

Terminal ID(s) _____

Section 1 – Business & Location Information

Business Type: Corporation Partnership Sole Proprietor LLC Non-Profit 501(c)(3)

Legal Company Name: _____ **DBA** _____

Location Address _____ **Location City, State, Zip** _____

Business Phone #: _____ **Federal Tax ID:** _____ **Years in Business:** _____

Type of Location: _____ **Current Customer** Yes No **Number of Locations:** _____

Location Contact Name: _____ **Phone #** _____ **Email:** _____

ER Contact Name: _____ **Phone #** _____ **Email:** _____

Tax Exempt: Yes No If answer is "Yes", please provide a copy of your Tax Exempt Certificate.

Business Hours: _____ **Days Of Operation:** _____

Printed Name Signature Date

Cash Depot Customer Service Team
1740 Cofrin Dr STE 2
Green Bay, WI 54302
1-800-776-8834

Customer Service Hours:
Monday – Friday 8AM CST-5PM CST