



MONTE VISTA COOPERATIVE

1901 E HWY 160 | P.O. BOX 111

MONTE VISTA, CO 81144

719-852-5181 | MVCOOP.COM

Credit Account Change Authorization Form

Date: _____

Account Number: _____

Section 1 – Current Account Information

Current Account Name: _____

Billing Address: _____

City, State, ZIP: _____

Phone Number: _____

Email: _____

Section 2 – Requested Name Change

New Account Name (Business or Individual): _____

Reason for Name Change: Business Name Change Correction Other: _____

Effective Date of Change: _____

Note: Legal documentation (e.g., business registration, merger documentation, driver's license, or other supporting proof) must be attached to process this request. Additionally, a new Credit Agreement and W-9 must be completed and signed by authorized business agent or individual.

Section 3 – Authorized Purchasers / Individuals Allowed to Charge

Please list all individuals authorized to make purchases or charge to this account. Only those listed below will be recognized as authorized signers for credit purchases.

Full Name	Title/Relationship	Phone	Email

Check here if you wish to remove all prior authorized individuals and replace with the above list.

Check here if you wish to add the above individuals to the existing authorized list.

Section 4 – Account Holder Authorization

I, the undersigned, hereby authorize the Monte Vista Cooperative to update the account name and/or list of authorized individuals as specified above. I understand that the account holder remains responsible for all charges made by the authorized individuals listed herein until written notice is provided revoking such authorization.

Printed Name: _____

Title (if business): _____

Signature: _____

Date: _____

Section 5 – For Company Use Only

Processed by: _____ Approved by: _____

Date Processed: _____ Effective Date: _____