



P.O. Box 8206, Wichita falls, TX 76307-8206

Phone: (940) 716-5100 Fax: (940) 716-5160

Change of Information Form *Check Box*

Name Change Address/Phone Change Email Change

Owner Number: _____ Name: _____

If applicable, Former Name : _____

Last 4 Tax ID# **This area MUST be completed for verification purposes!**
SSN XX-XXX-____ OR *EIN* XX-XXX _____

NEW MAIL ADDRESS: _____

OLD Mail Address: _____

NEW email address: _____ @ _____

OLD email address: _____ @ _____

NEW Phone Number: (____) _____ - _____

Old Phone Number: (____) _____ - _____

Signature: _____ **Date:** _____

****PLEASE NOTE: IF ANY FIELD IS INCOMPLETE OR THE OLD INFORMATION DOES NOT MATCH WHAT IS CURRENTLY IN OUR SYSTEM, NO CHANGES WILL BE MADE. YOUR FORM WILL BE RETURNED TO YOU AT THE ADDRESS WE HAVE ON FILE.**

Email To: dhicks@cobraogc.com

OR Mail To: Address Above – ATTN: Debbie Hicks