

Reservation # affected by change form information: \_\_\_\_\_  
(NOTE: Please list ALL affected Reservation #s if change pertains to more than one project.)



**PBI Information Change Form**  
REV. 1/12/2015

**PLEASE NOTE:** Mark at least ONE of the boxes for each section listed below. If you fail to mark a box for any section or fail to provide the additional required information, we will return the form to you for completion. This may delay the processing of your change and payment under your reservation.

**1. Change to Customer:**

Change to Customer?  Yes  No  N/A

If "Yes", New Customer Information:

Contact Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**2. Change to Customer Contact/Authorized Signer:**

Change to Customer Contact/Authorized Signer?  Yes  No  N/A

If "Yes", New Contact Information:

Contact Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**3. New System Owner:**

New System Owner?  Yes  No  N/A

If "Yes", New System Owner Information\*:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

**\*REQUIRED:** A W9 for the New System Owner must be submitted with this completed form.

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**4. System Owner Address Change:**

Did the address of the current System Owner change?  Yes  No  N/A

If "Yes", provide the following information:

OLD Address: \_\_\_\_\_

\_\_\_\_\_

NEW Address: \_\_\_\_\_

\_\_\_\_\_

**5. System Owner Tax Identification Number (TIN) Change:**

Did the current System Owner's TIN change?  Yes  No  N/A

If "Yes," please submit with this completed form the **REQUIRED** updated W9 (which must reflect the new TIN).

**6. New Payee:**

Is a New Payee being assigned?  Yes  No  N/A

If "Yes", New Payee Information\*:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

**\*REQUIRED:** In addition, an ACH form for the New Payee must be submitted with this completed form.

**7. Payee Bank Account or ACH Contact Name Change:**

Did the current Payee's bank information or ACH contact name or other information change?  Yes  No  N/A

If "Yes," please submit with this completed form the **REQUIRED** updated ACH form with the new bank information and/or new ACH contact information.

**Information Change Form Approvals:**

**Customer:**

Name (please print): \_\_\_\_\_

Title/Business Name: \_\_\_\_\_

Signature\*: \_\_\_\_\_

Date: \_\_\_\_\_

**System Owner:**

Name (please print): \_\_\_\_\_

Title/Business Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*Customer signature signifies customer approval of information changes noted on this form. These approved information changes supersede any prior information of the same type provided for the above-referenced reservation(s).

EMAIL COMPLETED FORM AND ANY REQUIRED ATTACHMENTS TO: [COMMERCIAL-INCENTIVES@APS.COM](mailto:COMMERCIAL-INCENTIVES@APS.COM)