



STAR Customer Contact Information

See Instructions Below

Type of Request: <input type="checkbox"/> New Contact <input type="checkbox"/> Change Contact <input type="checkbox"/> Inactivate Contact		
STAR Customer ID No.: (Required for Changes or Inactivation)		STAR Contact ID No.: (Required for Changes or Inactivation)
Customer Contact Name:		
Address 1: (Primary Street Address, Ste./Apt #)		
Address 2: (P.O. Box etc.)		
Address 3:		
Address 4:		
City:	County:	State:
Zip Code/Postal:	Country:	

Select Preferred Method of Contact: *Note: If email is checked as the preferred method and this is the Primary Contact, all invoices will automatically be emailed to this contact person.*

<input type="checkbox"/> Call:	Phone Number: (Area code & Ext.) _____
<input type="checkbox"/> FAX:	FAX Number: (Area code) _____
<input type="checkbox"/> Email:	Email Address: _____

Instructions

STAR Customer ID Number required only if this is a change or inactivation. Leave space blank if new customer.

STAR Contact ID Number: (Required for Changes or Inactivation). Leave space blank if new customer.

Customer Contact Name is the primary contact for this customer.

Address 1 is primary customer contact street address, apartment, suite or room number. Use Address 2 for continuation of address 1 i.e. for PO Box number, etc. Use Address 3 and 4 if needed.

Complete City, County, State, Zip Code/Postal and Country.

Check the box for preferred method of contact and include phone number, fax number or email address.

You must also submit DOA-6453 STAR Customer Setup and Change Information.
 If you are a Sponsor, DOA-6455 STAR Sponsor Information is additionally required.