

Request to change the invoice recipient

General information			
Customer name			
Account number			
Subscribed Products			
Requested date for the change			
The new invoice recipient agrees t invoice recipient.	o take responsibility	for the outstanding unpaid b	ills of the previous
Previous details			
Previous invoice recipient			
New details			
New invoice recipient			
Signature/Date/Place Account holder		Signature/Date/Place New invoice recipient	
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