

TO: 

From:

Re: **ADDRESS CHANGE**

Date:

FYI

Dealer # _____ Rep Name & Phone # _____

Name of Business _____

New Address _____

New Phone # _____ **New Fax #** _____

Terms: Open Acct COD Credit Card/Cert. funds

To continue open account terms, mail or fax an updated dealer package (all forms) to Xtreme Heaters, attention dealer development.

Notes _____

Fax: 678-550-XTRM(9876)

Email Address: info@xtremeheaters.com

Mailing Address: 5202 Belle Wood CT, Suite 105, Buford, GA 30518