



Change Account Information Form

Downing Labs LLC

NOTE: This form is not intended for for additional locations. If you opened any additional locations, please fill out a new account application for each location.

Date: _____

Downing Account Number: _____

Current Account Information

Old Practice Name: _____

Old Doctor Name: _____

Old Address: _____

Old Phone Number: _____

Old Fax Number: _____

Old Email Address: _____

Updated Account Information

New Practice Name: _____

New Doctor Name: _____

New Shipping Address: _____

New Billing Address: _____

New Phone Number: _____

New Fax Number: _____

New Email Address: _____

Printed Name: _____

Title: _____

Authorized Signature: _____

Please fax completed form to 888-839-0241 or Email to coordinator@downinglabs.com

Downing Labs LLC

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