

Thank you for contacting SEI.



Fax completed form to: 813.925.7064

Once again, thank you for your interest and we look forward to providing you with excellent product quality, availability, customer service and technical support. *The SEI Staff*

### SEI DEALER'S REQUEST TO CHANGE/ADD CREDIT CARD

Company's Legal Name:
Doing Business As:
Main Telephone Number:

### CHANGE CREDIT CARD ON FILE

Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover			
Credit Card Number: XXX-XXX-XXX- _ _ _ _ <small>(Please enter last four digits)</small>			Exp. Date:
Name on Credit Card:			
Billing Address: <small>(of credit card)</small>	Street:	City:	State/Zip:
Dealer Signature <small>(must be signed by an officer of the company)</small>			
Printed Name:			
Title:			Dated:
Dealer Signature <small>(must be co-signed by the cardholder if not a corporate credit card)</small>			
Printed Name:			
Title:			Dated:

### ADD SECONDARY CREDIT CARD TO FILE

Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover			
Credit Card Number: XXX-XXX-XXX- _ _ _ _ <small>(Please enter last four digits)</small>			Exp. Date:
Name on Credit Card:			
Billing Address: <small>(of credit card)</small>	Street:	City:	State/Zip:
Dealer Signature <small>(must be signed by an officer of the company)</small>			
Printed Name:			
Title:			Dated:
Dealer Signature <small>(must be co-signed by the cardholder if not a corporate credit card)</small>			
Printed Name:			
Title:			Dated: