Case #:

**CHANGE OF OWNERSHIP (COO) & ADDRESS CHANGE FORM**

**SELECT REQUESTED CHANGES (check all that apply):**

* Equipment currently on service contract? Yes / No (if yes: Contract #: )
* Equipment Ownership (Company Name change – PO needed for new service contract)
* Equipment Address (Same Company name – PO not needed)

NEW SHIPPING ADDRESS:

|  |  |  |
| --- | --- | --- |
| Company Name: | | |
| Lab/Department: | | |
| Street Address: | | |
| City: | State: | Zip: |
| Contact Person: | Email: | Phone: |

NEW BILLING ADDRESS: Same as new shipping address: Yes / No

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Company Name: | | | | |
| Lab/Department: | | | | |
| Street Address: | | | | |
| City: | | State: | | Zip: |
| Contact Person: | | Email: | | Phone: |
| **(Waters Only):** | Waters Cost Center: | | Waters Work Center: | |

**NOTE: Software licenses are not transferable.** Appropriate licenses must be purchased directly from Waters.

|  |  |  |
| --- | --- | --- |
| Model Codes: | Serial Numbers: | System/Lab Name: |
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(Please use additional pages if needed, or send Excel files if easier)

**SERVICE CONTRACT RELOCATON:**

If Waters is to transfer an existing service contract to the new location within the same Company,

the Customer signature below authorizes Waters to end the contract at the original location, and to apply those monies to cover the remainder of the contract at the new location.

NOTE: This does not cover any new applicable taxes that may be due as part of this change. As required by law, taxes if applicable will be invoiced to the customer.

AUTHORIZED SIGNATURE REQUIRED TO MAKE CHANGES

|  |  |
| --- | --- |
| Print Name: | Title: |
| Signature: | Date: |

Rev. 10 Feb 2022