ACCOUNT CHANGE REQUEST

If you'd like to update…

- **Client name:** name registered as Orchard account-holder
- **Company**: company registered as Orchard account-holder
- **Checks Payable**: the entity that receives payments from The Orchard
- **Social Security Number / Employer Identification Number / Tax ID Number:** identification required for tax purposes ***[US Only]***

Please print, complete and fax or mail this page to The Orchard.

Artist & Label Relations
The Orchard
23 e. 4th St, 3rd Floor
New York NY 10003
Fax: 212 201 9203
alr@theorchard.com

Changes will be reflected in the Artist/Label Workstation under the Label Info tab.

CURRENT INFO

Old Client Name: _____
FIRST LAST

Old Company: _____

Old Checks Payable: _____

Old SSN/EIN/Tax ID #: _____

NEW INFO

New Client Name: _____
FIRST LAST

New Company: _____

New Checks Payable: _____

New SSN/EIN/Tax ID #: _____

Vendor Login: _____

Email address: _____

I, _____, authorize The Orchard to change my account information, as specified.
PRINT NAME

Signature: _____

Date: _____
MM/DD/YY