

ACCOUNT UPDATE FORM

Affiliate ID _____

Current Username _____

CURRENT OWNER INFORMATION

First Name _____

Phone Number _____

Last Name _____

Email Address _____

CURRENT OWNER PERSONAL INFORMATIONPLEASE ONLY FILL OUT THE INFORMATION THAT YOU WISH TO
UPDATE AND LEAVE ALL OTHER FIELDS BLANK

Date of Birth _____

Passport or Country ID (International Affiliates) _____

Social Security Number (US Affiliates) _____

Date of Issue _____

Expiration Date _____

Country of Issue _____

BUSINESS INFORMATION (IF APPLICABLE)This info will be used for tax purposes if provided & you will need to submit the
business entity registration form

Business Name _____

Tax ID: _____

SECONDARY ACCOUNTHOLDERThis person is someone who shares your account (IE: A spouse/significant other
or business partner) and can contact us regarding your account at any time

Full Name _____

Passport or Country ID (International Affiliates) _____

Social Security Number (US Affiliates) _____

Date of Issue _____

Expiration Date _____

Country of Issue _____

Signature: _____ Date: _____