



Please complete and return form to [Lmazuro@dropsausa.com](mailto:Lmazuro@dropsausa.com).

## Existing Customer Account Information Update

7.2.3 Customer Communication

**All Fields Are Required**

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Company Name

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Account #

---

Contact Person (Payable)

Phone

Email

---

Bill to Street Address

City

State

County

Zip Code

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Ship to Street Address

City

State

County

Zip Code

Tax Exempt:  Y  N

\*\*Is your company's purchases from DropsA USA exempt from sales tax?\*\* If yes, please attach tax document.

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Credit Limit Request (USD)

Company Information

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Email

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Phone

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Fax

If email or fax is not an option, you can mail this form to the address below:  
Fax #: 586-566-1541

**DropsA USA, Inc.**  
**6645 Burroughs Ave.**  
**Sterling Heights, MI 48314**  
**Attn: Accounting Department**

Thank you in advance for your cooperation.