

1 ACCOUNT HOLDER INFORMATION

Account Holder's Name <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. _____	Advanta Account Number _____
<i>*Please include supporting documentation for your new address or PO Box. Supporting documentation can be in the form of one of the following: utility bill, cable bill, driver's license, or a recent bank statement. A change to your physical address or PO Box will <u>not</u> be processed without supporting documentation.</i>	

2 CHANGE OF INFORMATION

OLD INFORMATION	NEW INFORMATION
Old Address	New Address*
Old PO Box	New PO Box*
Old Phone Number (Area code & number - Day)	New Phone Number (Area code & number - Day)
Old Fax Number	New Fax Number
Old Phone Number (Evening)	New Phone Number (Evening)
Old Phone Number (Mobile)	New Phone Number (Mobile)
Old Email Address	New Email Address

3 SIGNATURE AND ACKNOWLEDGEMENT

Print Name: _____	
Signature: _____	Date: _____