

Service Provider/Installer Information Change Form

Service Providers/Installers – Use this form to update your contact information only (phone, address, fax, email).
To change Business Name, Principal Name, or Tax ID, please contact vendorapplications@lowes.com.

1. Fill in the "Service Provider Section" below.
2. Email the completed/signed form to **vendor.maintenance@Lowes.com**.
3. If the form is not completely filled out and signed by an officer of the company, the changes will not be processed.

To: Vendor.Maintenance@Lowes.com From(Name): _____

Store #: _____ Date: _____

Please update with the new Service Provider/Installer information shown below.

SERVICE PROVIDER/INSTALLER SECTION:

<input type="radio"/> Installer/ GC	<input type="radio"/> Independent Repair Service Provider	Lowes Vendor ID# _____
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Company Name _____

BUSINESS phone **OLD:** _____ **NEW:** _____

HOME phone # **OLD:** _____ **NEW:** _____

CELL phone # **OLD:** _____ **NEW:** _____

FAX number **OLD:** _____ **NEW:** _____

EMAIL **OLD:** _____ **NEW:** _____

ADDRESS:	OLD	NEW
Street	_____	_____
City	_____	_____
State	_____	_____
Zip Code	_____	_____

Vendor Signature: _____

Vendor Signature: _____

Vendor Name (Print): _____

Vendor Name (Print): _____

Owner ☐ Partner ☐ Officer ☐

Owner ☐ Partner ☐ Officer ☐

* If company is partnership, both partners must sign authorizing changes.