

Change of Address

▶ Please type or print.

Complete This Part To Change Your Home Mailing Address

1a Your name (first name, initial, and last name)	1b Your social security number _____ _____ _____
2a If held jointly: second name (first name, initial, and last name)	2b Social security number _____ _____ _____
3 Prior name(s)	
4a Old address as shown (no., street, city or town, state, and ZIP code) or P.O. box.	Apt. no. _____
5 New address (no., street, city or town, state, and ZIP code) or P.O. box.	Apt. no. _____

Complete This Part To Change Your Business Mailing Address or Business Location

6a Business name as shown on approved notice list	6b Employer identification number _____ _____
7 Old mailing address (no., street, city or town, state, and ZIP code) or P.O. box.	Room or suite no. _____
8 New mailing address (no., street, city or town, state, and ZIP code) or P.O. box.	Room or suite no. _____
9 New business location (no., street, city or town, state, and ZIP code) or P.O. box.	Room or suite no. _____

Signature

Daytime telephone number of person to contact () _____

Please
Sign
Here

Your signature	Date	If Part II completed, signature of owner or officer	Date
If held jointly, second name signature	Date	Printed Name	
		Title	

Signature Guarantee

The undersigned guarantees that the signature is that of the individual named.

Name of Signature Guarantor

By: _____
 Name: _____
 Title: _____
 Date: _____

Return
form
to

FPFI Creditor Trust
 400 N. Saint Paul, Suite 600
 Dallas, TX 75201
 Attn: Change of Address

Signature

If you are completing Part II, the owner or an officer must sign. An officer is the president, vice president, treasurer, chief accounting officer, etc.