

Address and Employer Change Form



Name: _____ ACT/Technician ID#: _____
Old Employer Address
Company Name: _____ Compaq ID#: _____
Address: _____
City: _____ State/Province: _____ Zip/Postal Code: _____
Phone: () _____ FAX: () _____ E-Mail: _____
Last date of employment: mm _____ dd _____ yy _____
New Employer Address
Company Name: _____ Compaq ID#: _____
Address: _____
City: _____ State/Province: _____ Zip/Postal Code: _____
Phone: () _____ FAX: () _____ E-Mail: _____
First date of employment: mm _____ dd _____ yy _____
Old Mailing Address (if different than above)
Address: _____
City: _____ State/Province: _____ Zip/Postal Code: _____
Phone: () _____ FAX: () _____ E-Mail: _____
New Mailing Address (MUST COMPLETE)
Address: _____
City: _____ State/Province: _____ Zip/Postal Code: _____
Phone: () _____ FAX: () _____ E-Mail: _____

Please mail to:

Compaq Computer Corporation
Service Channel Operations
ACT Program Manager
20555 S.H. 249
Mail Code 530113
Houston, TX 77070-2698

OR FAX: (281) 927-2829