

UNIVERSAL DATA INTERCHANGE (UDI) SERVICE PROVIDER UPDATE FORM

Service Provider Name: _____ Federal Tax ID#: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Is this the remit address as well? Yes No If NO, insert remit address below

Remit Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ Internet Access? Yes No

E-mail: _____ Website: _____

Authorized Representative: _____ Contact Telephone: _____

Services

Auto Glass Replacement Yes No

Residential Glass Replacement Yes No

Windshield Repair Yes No

Commercial Glass Replacement Yes No

Auto Glass Mobile Service Yes No

Flat Glass 24 Hour Board Up Service Yes No

Electrical Service Yes No

Plumbing Service Yes No

Handyman Service Yes No

Cleaning & Restoration Service Yes No

After Hours / Emergency Service Telephone: _____

Additional Company Information:

(Use this section to tell us about any special services your company offers)

Signature _____

Date _____