



P.O. Box 1740
Winston Salem, NC
27102-1740 (800) 285-7602

Date: _____

Store Name: _____

Street Address: _____

City, State Zip Code: _____

If your store has closed, has a new address, or is under new ownership please complete the following information. Once completed, please scan and email to questionnaires@inmar.com and put the following information in the subject line of your email: Store Change, your store name, & store zip code. If you would like to send by fax, please put it to the attention of Trade Support and fax to (336) 631-2902.

Date & explanation of what changed: _____

Date & manufacturer name of last submission: _____

Phone number where you can be reached: _____

Store name and address in which check should be mailed:

Address of store:

Owner's signature: _____

Depending on the type of change, it may be necessary to complete a new Inmar questionnaire.

Thank you for your cooperation.