



Texas SmartBuy Membership Program

Agent of Record Name Change Form

Account Number: _____

Entity Name: _____

Shared Phone Number: _____

Shared Email Box: _____

The Agent(s) of Record for the above-mentioned entity are:

1) *Primary Contact's Name: _____
(This person will receive all correspondence from CPA)

Primary Contact's Title: _____

Signature: _____

Email: _____

2) *Secondary Contact's Name: _____
(This person will receive all correspondence from CPA)

Secondary Contact's Title: _____

Signature: _____

Email: _____

Approval signature is REQUIRED and must be one of the following:

Current Agent of Record

Chairman of the Governing Board

***Approver's Name and Title:** _____

***Approver's Signature:** _____

***Date:** _____

*(NOTE: Please list two people who will receive all correspondence from CPA. Asterisks denote mandatory fields).
If you have questions about this form, please call 512-463-3368. Please submit the completed form by email to members@cpa.texas.gov or fax to 512-936-2667.*

