Adobe Change of Name Form

Print Form | Submit

Account Manager/Requestor's Name* | Date*

This form MUST be filled in by Adobe personnel and submitted to acon@adobe.com once complete.

Current Account Information

All line items marked with red (*) are mandatory.

Customer Type*

End User/Deploy-to #* | Organization Name*

Email* | Membership Contract #*

- ◯ Divesture / Aquisition
- ◯ Name Incorrectly Entered in LWS (Typo)
- ◯ Change of Name
- ◯ Other*

* If Other Please Explain

New Account Information

PLEASE FILL OUT THIS PORTION IN ALL CAPS
(Cannot contain more than 35 characters. Symbols are not allowed)

New Organization Name:*

Signatures

1. Account Holder's Signature*
In lieu of account holder's signature we will also accept an e-mail from the customer.

2. Account Manager's Signature *

AVL Team Member or Legal Approval *

Other Signature

Comments:

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