

NEW CUSTOMER ACCOUNT INFORMATION

Please check one of the following:

- University College Career College
 Government/Unions/Police/Resellers Associations/Fire Departments/Healthcare
 Corporate
 Private School Elementary School Secondary School Other

SHIP TO

BILL TO (If different from "Ship To")

Name of Institution: _____ District/Board: (if applicable) _____

Customer Name: _____ Customer Name: _____

Address: _____ Address: _____

City/Province: _____ City/Province: _____

Postal Code: _____ Postal Code: _____

Telephone/Fax #: _____ Telephone/Fax #: _____

E-mail Address: _____

Contact Name: _____

IRS# or Federal I.D. #: (US customers only – required for Customs clearance) _____

.Pub Net User: Yes No

QTY	ISBN	TITLE
1.		
2.		
3.		
4.		
5		

Payment:

- Please Bill Me – PO # _____
 Visa
 Master Card
 AMEX

Card #: _____

Expiry Date: _____

Signature: _____

Send Completed Form To:

Nelson Education Ltd.
 1120 Birchmount Road
 Toronto, Ontario
 M1K 5G4

Fax: (416)752-8101

Toll Free: 1-800-430-4445