

REQUEST FOR ACCOUNT CHANGE

Account #: _____

Current Account Name: _____

Current Address (complete): _____

Current Phone #: _____

Current Fax #: _____

New Account Name: _____

New Address (complete): _____

New Phone #: _____

New Fax: _____

Contact Name: _____

Your Name: _____

Date: _____

Mail: Nelson, 1120 Birchmount Rd., Toronto, ON, M1K 5G4 •

Email: nelson.inquire@nelson.com

Phone: Orders 416-752-9448 or 1-800-268-2222

Fax: Orders 416-752-9646 or 1-800-430-4445

Prices: All prices listed are Net and are subject to change without notice. •