



Office Use Only:
Customer Number: _____

6315 Kestrel Rd. Phone: 905-670-0611
Mississauga, ON Toll Free: 1-866-0048
L5T 1Z4 support@e.saloncentric.ca
saloncentric.ca

CHANGE OF NAME NOTIFICATION

This form must be completed in full before any change is done. If ownership has changed, please fill out the new account package. All information herein is held in strictest confidence and will not be shared with any parties outside Alternative Beauty.

Customer #: _____

Name on account: _____

Salon name: _____

Telephone #: (____) _____ Fax #: (____) _____

Current Address: _____ Unit #: _____

City: _____ Province: _____ Postal Code: _____

New Name: _____

Effective date of change: _____

Has ownership of salon changed? (please circle one) NO YES*

***If Yes, do not use this form; please fill out the new account package forms**

I agree that the information provided is warranted to be true and complete

Signature: _____ Date: _____

Name: _____

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Address change completed by: _____

Date: _____

UPS & Purolator Shipping System updated by: _____

Date: _____