



Office Use Only:  
Customer Number: \_\_\_\_\_

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### CHANGE OF ADDRESS NOTIFICATION

This form must be completed in full before an account is set up. All information herein is held in strictest confidence and will not be shared with any parties outside of SalonCentric Canada.

Customer # (to be assigned): \_\_\_\_\_

Name of Stylist (if not owner of Salon): \_\_\_\_\_

Name of Salon: \_\_\_\_\_

Current Telephone #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

Current Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name of new Salon if applicable: \_\_\_\_\_

**New Address:** \_\_\_\_\_ Unit #: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**New Telephone #** if applicable: (\_\_\_\_) \_\_\_\_\_

Effective date of new address: \_\_\_\_\_

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: \_\_\_\_\_

#### For Office use only

Address change completed by: \_\_\_\_\_

Date: \_\_\_\_\_

UPS & Purolator Shipping System updated by: \_\_\_\_\_

Date: \_\_\_\_\_