

ALTERNATIVE BEAUTY SERVICES LIMITED

6315 KESTREL ROAD, MISSISSAUGA, ONTARIO L5T 1Z4

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: _____

Current Telephone # () _____ Fax # () _____

Current Address: _____

City: _____ Province: _____ Postal Code: _____

New Name: _____

Effective date of change: _____

Has ownership of salon changed? (check one box) 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

Name change completed by: _____

Date _____

UPS & Purolator Shipping System updated by: _____

Date _____

*******Please return completed form to Krista*******