



# ACOL\*

## CLIENT ACCOUNT CHANGE REQUEST

CLIENT ID	DATE	
AUTHORIZED SIGNATURE	TELEPHONE	FAX NUMBER
DESIGNATE TYPE OF CHANGE:	<input type="checkbox"/> Update address / telephone number	<input type="checkbox"/> Add/delete user accounts
	<input type="checkbox"/> Change primary contact	<input type="checkbox"/> Request closure of ACOL account
<b>OLD ADDRESS / TELEPHONE NUMBER</b>		
ORGANIZATION NAME		
STREET ADDRESS		
CITY	PROVINCE	POSTAL CODE
TELEPHONE NUMBER	FAX NUMBER	
<b>NEW ADDRESS / TELEPHONE NUMBER</b>		
ORGANIZATION NAME		
STREET ADDRESS		
CITY	PROVINCE	POSTAL CODE
TELEPHONE NUMBER	FAX NUMBER	
<b>CHANGE PRIMARY CONTACT TO:</b>		
NAME	USER ID	
<b>ADD NEW USERS</b>		
NAME	USER ID	
NAME	USER ID	
NAME	USER ID	
<b>DELETE EXISTING USERS</b>		
NAME	USER ID	
NAME	USER ID	
NAME	USER ID	

Please use this form to notify the Client Support Centre whenever there are changes to your client account. It is important to keep your account information current. Fax the form to 1-902-422-1675 or mail to:

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