



ACOL*

CLIENT ACCOUNT CHANGE REQUEST

CLIENT ID _____ DATE _____

TELEPHONE # _____ FAX # _____

Authorized Signature

DESIGNATE TYPE OF CHANGE

Update Contact information Change primary contact Add/delete Users Close/Consolidate ACOL account

OLD ADDRESS / TELEPHONE NUMBER

ORGANIZATION NAME _____

STREET ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

TELEPHONE # _____ FAX # _____

NEW ADDRESS / TELEPHONE NUMBER

ORGANIZATION NAME _____

STREET ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

TELEPHONE # _____ FAX # _____

CHANGE PRIMARY CONTACT TO

NAME _____ USER ID _____

ADD NEW USERS

NAME _____ NAME _____

NAME _____ NAME _____

DELETE EXISTING USERS

NAME _____ USER ID _____

NAME _____ USER ID _____

CLOSE ACOL ACCOUNT

CLIENT ID TO CLOSE _____

CONSOLIDATE ACOL ACCOUNT

CLIENT ID TO BE CONSOLIDATED _____ TO THIS CLIENT ID _____

COMMENTS / SPECIAL INSTRUCTIONS

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. Send cheque to:

Unisys Canada Inc.
350-7105 Chebucto Road
Halifax, NS B3L 4W8