



# Address Change Form

## Clearview Consumers Co-op Ltd.

365 PTH 12 N, Steinbach MB R5G 1V1  
Phone: 204-346-2667 Fax: 204-346-5050  
Email: admin@clearview.crs  
www.clearview.crs

Date \_\_\_\_\_

Member Number \_\_\_\_\_

This form is only to be used to change your address and contact information.  
This form **is not for changing or removing names from your account.**

### NEW ADDRESS

Account Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Phone # \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

### OLD ADDRESS

Account Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Phone # \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**IF MORE THAN ONE NAME IS ON THE ACCOUNT, WE REQUIRE BOTH SIGNATURES**

**Member Signature**

**Member Signature**

\_\_\_\_\_

Print Name

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Signature

### OFFICE USE ONLY

ENTERED POS

A/R

CRM

BRICK

WEB