



Change of Business Information

TSSA
345 Carlingview Dr
Toronto, Ontario M9W 6N9
Tel: 416.734.3300
Fax: 416.234.9169
Email: Customermanagement@tssa.org
www.tssa.org

Effective Date: _____
(dd-mm-yyyy)

A. COMPANY NAME AS IT APPEARS ON YOUR LICENCE/REGISTRATION

Company Name	Licence/Registration No.	Customer No.
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B. PREVIOUS MAILING ADDRESS

Street No.	Street Name	Unit	PO Box
Town/ City or Township/ County		Province	Postal Code

C. PRIMARY ADDRESS (Physical location of the business)

Primary Contact Name	Primary Email	Primary Telephone No.	
Street No.	Street Name	Unit	
Town/ City or Township/ County		Province	Postal Code

Primary Address same as billing & shipping address: Yes No

D. BILLING ADDRESS

Street No.	Street Name	Unit	PO Box
Town/ City or Township/ County		Province	Postal Code

Addressee: Care Of Attention To

Shipping Address same as billing address: Yes No

E. SHIPPING ADDRESS

Street No.	Street Name	Unit	PO Box
Town / City or Township/ County		Province	Postal Code

Addressee: Care Of Attention To

F. Preferred Delivery Method

E-Invoicing: Yes No

1. E-invoice email address: _____ 2. E-invoice email address: _____

Date (dd-mm-yyyy)	Applicant's Name	Signature
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