

Corporate Head Office | 501 – 1st Avenue East | PO Box 1599 | Assiniboia SK SOH 0B0 | T: +1.306.642.4555 | F: +1.306.642-3520

DEALER CHANGE OF CONTACT INFORMATION FORM

INTERNATIONAL

Please complete the following information and return to Flexxifinger's Corporate Head Office using one of the following methods:

- via regular mail to: Flexxifinger QD Industries Inc., PO Box 1599, Assiniboia SK SOH 0B0 CANADA;
- via fax to: 1-306-642-3520; or
- via email to: communications@flexxifinger.com.

1. General contact information:

Company name:			
Operating as:			
Address:			
City:		Prov./Terr./Dist.:	
Postal code:	Country:		
Phone: (main)	(5.)		
Phone: (parts desk)			
2. Specific contact information:			
Main contact person:			
Position:			
Phone: (direct)	(cell)	(fax)	
Email:			
A/P contact person:			Same as above
Position:			
Phone: (direct)	(cell)	(fax)	
Email:			
Parts Manager:			Same as above
Position:			
Phone: (direct)	(cell)	(fax)	
Email:			

3. Contact authorization:

I authorize Flexxifinger to send electronic messages to the above mentioned contacts.

I want the main contact to receive Flexxifinger's semi-annual Flexxifinger Dealer Network Newsletter via email.

I/We certify that the above information is true and correct. I agree to submit updated contact information to Flexxifinger in the event that any of the above information should change.

Dated:	Signature:	
	Print name:	
	Position:	