



NEW ACCOUNT APPLICATION

ATTN: Robin Grant
Nimbus Education Rep
3660 Strawberry Hill Street
Halifax, NS B3K 5A9
www.nimbus.ca

SCHOOL NAME _____
BILLING ADDRESS _____
SHIPPING ADDRESS _____
*If different from Billing Address
PURCHASE ORDER NUMBER _____

KEY EDUCATOR CONTACT NAME _____
Key Educator's Email _____ . Phone/cell _____

ACCOUNTING DEPARTMENT CONTACT NAME _____
Accounting Dept's Email _____ . Phone/cell _____

Total Books Ordered _____ **Package One Waiver:** Y or N **Package Two Waiver:** Y or N

CREDIT CARD INFORMATION
(VISA/MASTERCARD) _____ EXPIRY _____ CVV _____
NAME _____ ADDRESS _____

If you require more information please contact Robin Grant, Nimbus Education Facilitator.
Robin can be reached by email at rgrant@nimbus.ca or by phone at **(902) 440-4846**.
Meanwhile thank you for recognizing the value of *teaching, reading and supporting local.*

NOTICE OF CONFIDENTIALITY

The information gathered within is for the purposes of setting up an account and securing a cooperative, two-way working business relationship. All information will be kept in the strictest confidence.