



**Business Information**

Business Name:
Address:
City, Province:
Contact Person (Title):
NSLC Customer #:
Telephone:
Email:

**AIR MILES® Cardholder Information**

Card #:
Cardholder Name (Please Print):
Cardholder signature:

**Receiver (for office use only)**

Name: NSLC
Address: 93 Chain Lake Drive
City, Province: Halifax, NS
Contact Person/Title: Service Excellence Team
Email: <a href="mailto:serviceexcellencecentre@myNSLC.com">serviceexcellencecentre@myNSLC.com</a>
Phone: 1-800-567-5874

**If there is an alternative Air Miles® Card Number that may be used, please include the name of the person who has authorization to use an alternative card number (alternate AIR MILES® card number not required at this time):**

**Name:** \_\_\_\_\_

The AIR MILES® cardholder authorizes the NSLC to maintain a record of his/her name, contact information, and collector number, and acknowledges that his/her collector number will be retained by the NSLC for the sole purpose of applying Air Miles® Bonus Reward Miles to the cardholder's account.

\_\_\_\_\_  
Business Owner

\_\_\_\_\_  
Date

Please complete this form and return by email to [serviceexcellencecentre@mynslc.com](mailto:serviceexcellencecentre@mynslc.com)