



# Reseller of Record Change Request Form Sage MAS and Sage Value Solutions

*(MUST be submitted with the Customer's company letterhead)*

**PLEASE COMPLETE ALL FIELDS. EMPTY FIELDS MAY RESULT IN A DELAY IN PROCESSING. PLEASE PRINT.**

Date: \_\_\_\_\_

To: Sage Sales Administration

This letter is to formally request your records be changed to reflect that the below named company become our new reseller of record.

**NEW Reseller's Information:**

Company Name:		
Company Account Number:		
Street Address:		
City:	State:	ZIP:
Phone:	Ext.:	
Company Contact Name:		
Contact E-mail:		
*IMPORTANT* Please give us the reason for your reseller of record change request (This information is required for processing the change request):		

**Customer Information:**

Company Name:		
Company Account Number:		
Street Address:		
City:	State:	ZIP:
Phone:	Ext.:	
Company Contact Name:		
Contact E-mail:		
Product(s) currently using: <input type="checkbox"/> Sage MAS 90 ERP <input type="checkbox"/> Sage MAS 200 ERP <input type="checkbox"/> Sage MAS 500 ERP <input type="checkbox"/> Sage PFW ERP <input type="checkbox"/> Sage BusinessWorks Accounting <input type="checkbox"/> Sage BusinessVision <input type="checkbox"/> Sage Pro <input type="checkbox"/> Other:		

I understand that my current reseller of record will be notified of the request, and that my new reseller of record will now be responsible for servicing my account.

Authorized Signature (must be an officer of the company):
Please Print Name:
Title:

<b>Did You Remember?</b> ✓ Attach your company letterhead ✓ Include your customer account number	Sage MAS, Sage BusinessWorks, Sage PFW	<b>Fax: 949-753-0374</b>
	Sage BusinessVision, Sage Pro	<b>Fax: 604-207-8660</b>
	<b>Mail:</b> Sage Attention: Sales Administration 56 Technology Drive Irvine, CA 92618	