Reseller of Record Change Request Form
Sage ERP, CRM, and Value Solutions

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

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

Date: 10/30/13

NEW Reseller's Information:		
Company Name: Front Line Systems		
Company Account Number: 4000675642		
Street Address: 3449 Hamilton Avenue		
City: Wayzata	State: MN	ZIP: 55391-3103
Phone: 540-324-2880		Ext.:
Company Contact Name: Steve Erickson		
Contact E-mail: steve@flsinc.net		

Customer Information:		
Company Name:		
Company Account Number:		
Street Address:		
City:	State:	ZIP:
Phone:		Ext.:
Company Contact Name:		
Contact E-mail:		
IMPORTANT Please provide a reason as to why you have chosen to transition from your current reseller to the new one. *(This information is required for processing the change request)*:		

Product(s):				
Please complete the following section for all products that you are requesting a change for. If you work with multiple resellers, it is necessary to complete a separate form for each. We will only change reseller of record for the products selected below. Multiple selections are permitted.				
☐ Sage 100 ERP	☐ Sage 300 ERP	☐ Sage 500 ERP	☐ Sage CRM	☐ Sage ERP X3
☐ Sage BusinessWorks	☐ Sage BusinessVision	☐ Sage PFW ERP	☐ Sage Pro ERP	☐ Other:

Customer Obligation
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:

Did You Remember? ✓ Attach your company letterhead ✓ Include your customer account number	Sage 100 ERP, Sage 500 ERP, Sage X3 ERP Sage BusinessWorks, Sage CRM Sage PFW ERP	**Email: SalesA@sage.com** **Fax: 949-753-0374**
	Sage 300 ERP, Sage Pro ERP Sage BusinessVision	**Email: PSRRichmond@sage.com** **Fax: 866-304-7816**
	Mail: Sage Attention: Sales Administration 6561 Irvine Center Drive Irvine, CA 92618	

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