

(This form must be submitted on the customer's company letterhead)



Reseller of Record Change Request Form

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

Date:

To: Sage Software/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:

Full Company Name: **ACI Consulting Corporation**

Company Account Number: **705550180**

Street Address/City/State/Zip: **505 S. Villa Real Drive, Suite 211**

Phone/extension: **714.282.0378**

Company Contact Name: **Cheri Warren**

Contact E-mail: **cheri@ACIconsulting.com**

From the following choices, please select the reason for your request:

Location/Distance Pricing Other: _____

I have verified MY Company's information listed below:

Company Name: _____

Account Number: _____

Street Address/City/State/Zip: _____

Phone: _____ E-mail: _____

Primary Contact Name: _____

Product Currently Used: Sage MAS 90 ERP Sage MAS 200 ERP Sage MAS 500 ERP
 Sage BusinessWorks Accounting Sage PFW ERP

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

The change will be processed in approximately 14 business days.

Did You Remember?

- ✓ Attach your company letterhead
- ✓ Include your customer account number

Fax: 949- 753-0374 or

Mail: Sage Software
56 Technology Drive
Irvine, CA 92618
Attn: Roxanne
Sales Administration