



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

Date: _____

To: **Sage**

This form is to formally request your records be updated to reflect that the below named Solution Provider become our Reseller of Record.

I understand and agree that my Reseller of Record will:

- Have access to any support tickets that I open with Sage, including all information regarding the issue and the resolution of that issue.
- Have access to my account and be able to view my support plan, plan renewal dates, and any licensing information of my software.
- The Reseller of Record partner may be compensated for any activity I have with Sage.

Note: Having a Reseller of Record attached to my account does not change in any way my relationship with Sage.

Reseller of Record:

Company Name: Best Business Strategies		
Company Account Number: 4001167499		
Street Address: 1712 Wheeling Ave		
City: Glen Dale	State: WV	ZIP: 26038
Phone: 304-233-2612	Ext.:	
Company Contact Name: Shirley Byard		
Contact Email: scbyard@gmail.com		

Customer Information:

Company Name:		
Company Account Number:		
Street Address:		
City:	State:	ZIP:
Phone:	Ext.:	
Company Contact Name:		
Contact Email:		
Product line currently using:	<input checked="" type="checkbox"/> Sage 50 U.S. / cloud	<input type="checkbox"/> Sage Timeslips / Premium

Authorized Signature (must be an officer of the company):	
Please Print Name:	
Title:	
Did You Remember To ✓ Sign document ✓ Include your customer account number	Fax it to 304-217-2612 or scan and email it to scbyard@gmail.com