

## Reseller of Record Alignment Authorization Form Sage 50 – US Edition / Sage Timeslips

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:			
<ul> <li>Have access to any support tickets that I open with Sage, including all information regarding the issue and the resolution of that issue.</li> </ul>			
<ul> <li>Have access to my account and be able to view my support plan, plan renewal dates, and any licensing information of my software.</li> </ul>			
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:			<b>-</b>
Contact Email:			
Product line currently using: X Sage 50 U.S. / cloud 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			

©2019 Sage Software, Inc. All rights reserved. Sage, the Sage logo and the Sage product and service names mentioned herein are registered trademarks or trademarks of Sage Software, Inc., or its affiliated entities. All other trademarks are the property of their respective owners.