

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



Reseller of Record Change Request Form

Date: _____

To Whom It May Concern:

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

New Reseller's Information:

Company: Orion Business & Accounting Solutions

Address: 23900 Orchard Lake Rd, Suite 170, Farmington Hills, MI 48336

Phone: 248-893-1060

E-mail: jimsteele@orionbas.com

Select from the following choices, the reason for your request:

Location/Distance Pricing Responsiveness Other: _____

I have verified my company's information listed below:

Company: _____

Account: _____

Address: _____

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

Phone: _____ E-mail: _____

Primary Contact Name: _____

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

<p>Did You Remember?</p> <ul style="list-style-type: none">✓ Attach your company letterhead✓ Include your customer account number

Fax: 949- 753-0374 or
Mail: Sage Software
56 Technology Drive
Irvine, CA 92618
Attn: Sales Administration

The change will be processed in approximately 14 business days.