

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

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

Date: , 2014

To: Sage 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:

Company Name: Business Technology Solutions Inc.			
Company Account Number: 4006631096			
Street Address: 4127 Berryman Avenue			
City: Los Angeles			
Province/State: California	Postal Code/ZIP: 90066	Country: USA	
Phone: 866-236-0115	Fax:		
Company Contact Name: Ralph Machon			
Contact E-mail: RMachon@btsinc.ca			
* IMPORTANT * Please give us the reason for your reseller of record change request (This information is required for processing the change request): We believe the new provider will be a better fit for our organization.			

Customer Information:

Company Name:				
Company Account Number:				
Street Address:				
City:				
Province/State:	Postal Code/ZIP:	Country:		
Phone:	Fax:			
Company Contact Name:				
Contact E-mail:				
Please complete the following section for all products that you are requesting a change to your business partner of record. If you work with multiple partners, it is necessary to complete a separate form for each partner. We will only change your business partner of record for the products selected below. Multiple selections are permitted.				
Product(s) currently using: 🖾 Sage 300 ERP 🖾 SageCRM				
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.				

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 \checkmark
- Include your customer account number \checkmark

Sage 300 ERP or SageCRM Fax: 1-866-304-7816 Or e-mail: PSRRichmond@sage.com

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