



Reseller of Record Change Request Form Sage MAS and Sage Value Solutions

(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:

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: LSI Group, LLC		
Company Account Number: 400 292 7489		
Street Address: 787 E State St. #140		
City: Eagle	State: ID	ZIP: 83616
Phone: 208-375-7272	Ext.:	
Company Contact Name: Allan Toennis		
Contact E-mail: atoennis@thelsigroup.com		
IMPORTANT Please give us the reason for your reseller of record change request <i>(This information is required for processing the change request)</i> :		
Service		

Customer Information:

Company Name:		
Company Account Number:		
Street Address:		
City:	State:	ZIP:
Phone:	Ext.:	
Company Contact Name:		
Contact E-mail:		
Product(s) currently using: Sage 100		

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 <i>(must be an officer of the company)</i> :
Please Print Name:
Title:

Did You Remember?

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

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