



Reseller of Record (ROR) Change Request Form ERPs, CRM, Fixed Assets, HRMS, & Sage Payment Solutions

PLEASE COMPLETE ALL FIELDS. EMPTY FIELDS MAY RESULT IN A DELAY IN PROCESSING. PLEASE PRINT.
(MUST be submitted with the Customer's company letterhead attached)

Date: _____

NEW Reseller's Information:

Company Name: BAASS Business Solutions Inc.

Company Account Number: 4000269712 (US Sage ID)

Street Address: 1400 NW 107th Ave, Ste 205

City: Miami

State: FL

ZIP: 33172-2746

Phone: 905 660 1285

Ext.: 220

Company Contact Name: Sam Cangialosi / Bibi Mohamed

Contact E-mail: orders@baass.com

Customer Information:

Company Name:

Company Account Number:

Street Address:

City:

State:

ZIP:

Phone:

Ext.:

Company Contact Name:

Contact E-mail:

IMPORTANT Please provide a reason as to why you have chosen to transition from your current reseller to the new one. *(This information is required for processing the change request):*

Product(s):

Please complete the following section for all products that you are requesting a change for. If you work with multiple resellers, it is necessary to complete a separate form for each. We will only change reseller of record for the products selected below. Multiple selections are permitted.

☐ Sage 100 ☐ Sage 300 ☐ Sage 300 Online ☐ Sage ☐ Sage X3 ☐ Sage 500 ERP ☐ Sage Fixed Assets
☐ Sage BusinessWorks ☐ Sage BusinessVision ☐ Sage Payment Solutions ☐ Sage HRMS ☐ OTHER

Customer Obligation

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:

Did You Remember?

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

Email: SalesA@Sage.com OR
Fax: 949-753-0374

Mail: Sage
Attention: Sales Admin
1715 North Brown Road
Lawrenceville, GA 30043