



Klue Inc.

Klue as your Sage Reseller of Record

### Reseller of Record change request form

*(Must be submitted with the Customer's Company letter attached)*

**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 to be changed to reflect that the below named company become our new reseller of record.

**New Reseller's Information:**

Company Name: Klue Inc.		
Company Account Number:		
Street Address : 30 East 68th Street, Madison Avenue		
City: New York	State: NY	Zip Code: 10065
Phone: (917)669 0005		
Company Contact Name: Viren Sikka		
Contact E-mail: viren@klueinc.com		
From the following choices please select the reason for your request:		
<input type="checkbox"/> Location	<input type="checkbox"/> Pricing	<input type="checkbox"/> Other

**I have verified MY company information listed below:**

Company Name:		
Company Account Number:		
Street Address :		
City:	State:	Zip Code:
Phone:		
Company Contact Name:		
Contact E-mail:		
Products currently using:		
<input type="checkbox"/> SAGE MAS 500	<input type="checkbox"/> SAGE MAS 200	<input type="checkbox"/> SAGE MAS 90

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:

- |  |
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| <p>Did you remember?</p> <ul style="list-style-type: none"> <li>✓ Attach your company letter head.</li> <li>✓ Include your customer account number.</li> </ul> |
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**Fax:** (253) 679 0005  
**Mail:** Klue Inc.  
 Attn: Customer Service  
 30 East 68th Street  
 Madison Avenue  
 New York, NY 10065.