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SUPPORT PLUS PROGRAM

CHANGE OF SOLUTION PROVIDER

Use this form only when you are changing your Solution Provider of record.

Client Information:		
Company		
Address		
City Pro	ovince / State	
Postal Code / Zip Code	Country	
Solution Provider of Record Information	1	
Provider of Record, who will receive s	Solution Provider you identify in this space will software updates and upgrades for your site. rovider fees for installation, training, and other	Please note that the Support Plus fee
Accepted by Client (Must be an author	orized signatory i.e. Managerial position/ Direct	<u>ctor</u>
Signature	Title	
Printed Name	 Date	
Accepted by Solution Provider of Re	ecord:	
Signature	Company Name	
Printed Name	Date	
Client Site ID#:		