

CHANGE OF BUSINESS PARTNER OF RECORD DESIGNATION FORM

*Use this form only when you are changing your Business Partner of Record.
Please fax the completed form to 604-207-3680.*

CLIENT INFORMATION:

Company _____ Client ID# (if known) _____
Address _____ City _____
Province/State _____ Postal Code/Zip Code _____ Country _____
Tel. _____ Fax _____ Email Address _____

BUSINESS PARTNER OF RECORD INFORMATION:

Note to SupportPlus client:

The Business Partner you identify in this space will be considered the **Business Partner of Record**.

Company _____ BP ID# (If Known) _____
Address _____ City _____
Province/State _____ Postal Code/Zip Code _____ Country _____
Tel. _____ Fax _____ Email Address _____

ACCEPTED BY CLIENT:

Name Title

ACCEPTED BY ACCPAC INTERNATIONAL, INC. ("ACCPAC"):

Signature Title

Printed Name Date

Agreement Number: _____ Client Site ID#: _____