



Request to Change Associated Partner for Infusion Business Software.

To: **Infusion Business Software Limited**
PO Box 8197
Riccarton
Christchurch
Email to accounts@infusionsoftware.co.nz or
Fax to 03 962 7022

From: **Name:** _____
Account Number: _____
Address _____

Contact _____

We hereby wish to change our associated partner for our Infusion Software from

_____ to _____

Reason for Change

Quality of Support	<input type="checkbox"/>
Can't contact Partner	<input type="checkbox"/>
Personality	<input type="checkbox"/>
Partner Charges	<input type="checkbox"/>
Other	<input type="checkbox"/>
Rather not say	<input type="checkbox"/>

Comments

On the receipt of your signed request Infusion will update the records and all further support and upgrades will be provided by the new Associated Partner.

Signed
