

\*Organization Name:

## **VIP Change of Reseller Request Form**

This form is for VIP customers who wish to change or switch from one Reseller to another for the purposes of participating in VIP. Please fill out the information in the form and forward to your Reseller Support contact or Customer Care for processing.

**VIP Customer Information** 

\*VIP Number:

Address:			
*Requestor:	Phone:		*Email:
nequestor.	Priorie.		Ellidii.
*Program Administrator:	Phone:		*Email:
·			
*Program Administrator Signature:			
New Reseller Information:			
*Company Name:		*Reseller Console ID (Same as APC Membership ID):	
Previous Reseller Information:			
*Company Name:		*Reseller Console ID (Same as APC Membership ID):	
Reason for Change:			
*Required Field			