

## Registered User / Data Ownership Change Request Form

Current SmartOffice® Registered User Name:	
application, to the <u>new</u> Registered User listed	Office license, and the data contained within the SmartOffice below. I understand that once this request is complete, I will no longer ffice system in my office or have access to receive an export of my data
Current Registered User Signature:	Date:
New Registered User Name:	
Position/Title:	E-mail:
New Street Address:	
New Phone: ()	
Payment Information: Please complete the a	ttached form with updated payment information.
_	fice system in my office, I agree and accept the terms and conditions set agreement, and to the payment terms agreed to by the Current Registered
New Registered User Signature:	Date:
*Once completed, pl	lease fax all signed documents to <b>(866) 422-0259*</b>
For Internal Use Only:	0111
Server:	Office ID:
MAS90:	
Completed by:	On: